EXHIBIT 1

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

BLUE CROSS BLUE SHIELD ASSOCIATION, *et al*., **Plaintiffs,** **vs.** **GLAXOSMITHKLINE LLC,** **Defendant.**	**Civil Action No. 2:13-cv-4663-JS**

EXPERT REPORT OF RENA CONTI, PH.D.

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I. EXECUTIVE SUMMARY

1. I have been retained by plaintiffs' counsel to provide opinions and calculations regarding the injury and damages incurred by each of the 39 plaintiffs in this matter.[1] To do so, I must assign an economic value to prescription drugs that are non-compliant with current good manufacturing practices ("cGMPs").

2. I have been asked by plaintiffs' counsel to assume that cGMP violations at defendant GlaxoSmithKline LLC's ("GSK") Cidra plant during the period of January 1, 2000 through December 31, 2005 were pervasive, chronic, and systemic, and that the drugs manufactured there were materially non-compliant with cGMPs and therefore lacked assurance that the drugs had the safety, identity, strength, quality, or purity that they were represented to possess, contrary to the Federal Food, Drug, and Cosmetic Act ("FDCA"), 21 U.S.C. § 351. For purposes of this report, I refer to such products as "non-compliant" drugs.

3. GSK knowingly distributed these non-compliant drugs throughout the United States.[2] GSK did so without informing plaintiffs or the public at large of the pervasive manufacturing problems and cGMP violations at the plant. This caused plaintiffs to unknowingly pay for non-compliant drugs that could not have been legally sold.

4. Federal law, as codified by regulations of the U.S. Food and Drug Administration ("FDA") under the FDCA, mandates that pharmaceutical drugs be manufactured in accordance with cGMPs to assure that the drugs meet legal requirements for safety, and that they have the quality, purity, identity, and strength that they are represented to possess. Non-compliant drugs are not recognized by the United States government as legitimate products to be sold by manufacturers or bought by patients and third-party payers; nor are they considered legitimate products by the pharmaceutical industry. This non-product status is the result of longstanding efforts by the government and private parties to protect the American public from the

[1] *Blue Cross Blue Shield Association, et al. v. GlaxoSmithKline LLC*, Civil Action No. 13-cv-04663-JS, United States District Court for the Eastern District of Pennsylvania.

[2] The drugs manufactured at the Cidra plant include: Albenza, Avandia, Avandamet, Bactroban, Compazine, Coreg, Denavir, Dibenzyline, Dyazide, Dyrenium, Factive, Kytril, Paxil, Paxil OS, Relafen, Stelazine, and Thorazine (hereafter the "At-Issue Drugs").

consumption of potentially harmful substances. Based on economic theory, I conclude that only prescription drugs that are manufactured in compliance with basic quality manufacturing standards may be assigned a non-zero value by patients and third-party payers, and that drugs that fail to meet those standards have no economic value.

5. Because GSK produced and sold non-compliant drugs, plaintiffs paid for illegitimate products that have no economic value.

6. Using well-accepted economic methods and data provided by plaintiffs, I have calculated aggregate damages for all plaintiffs as $2.82 billion, and individual damages for each plaintiff as ranging from $3.3 million to $483.7 million.

7. The remainder of this report proceeds as follows: In Section II, I detail my professional background. In Section III, I review the relevant financing, organization, and regulation of prescription drugs in the United States. In Section IV, I describe my method of calculating damages, the data used in my calculations, and the resulting calculations for each plaintiff individually and in the aggregate.

II. QUALIFICATIONS

8. My name is Rena M. Conti. I am an Associate Professor at the University of Chicago and an Academic Affiliate of Greylock McKinnon Associates, a consulting and litigation support firm. My principal research interests concern the economics of the medical care industry. My work generally examines the factors that determine spending levels and trends in medical care, including pharmaceuticals.

9. At the University of Chicago, I teach an undergraduate and Ph.D. level health economics course and a master's level course on the economics of the pharmaceutical industry. I regularly lecture on a variety of health policy topics. I also teach executive education courses on the financing, organization, and regulation of the pharmaceutical industry.

10. I have conducted research on a wide variety of health economics topics with a focus on the U.S. health care system. Most of my work focuses on the market for prescription drugs. Specific topics on which I have completed research and published empirical work include the on- and off-label usage of, and associated spending on, prescription medications and the financial and non-financial determinants of physician prescribing behaviors. I have written extensively on

the pricing of pharmaceutical products and its determinants. I am a member of the Committee on Ensuring Patient Access to Affordable Drug Therapies for The National Academies of Sciences, Engineering, and Medicine.[3]

11. I have published numerous articles in peer-reviewed journals and book chapters on various topics including examinations of insurer-related reimbursement and coverage issues and trends in spending, use, and pricing of prescription drugs. I have testified before the U.S. Senate Finance Committee regarding economic causes of ongoing drug shortages.[4] I have been retained as a consultant in a number of legal proceedings as an expert in health policy and health economics. I have submitted expert testimony in off-label marketing litigation matters;[5] delayed generic entry litigation matters;[6] and a securities matter.[7] I have submitted expert testimony estimating damages in two off-label marketing litigation matters.[8]

12. I received a B.A. in Philosophy (History minor) from Kenyon College in 1992 and a Ph.D. in Health Policy (Economics Track) from Harvard University in 2007. A more complete description of my qualifications is found in my Curriculum Vitae, included as Attachment A to this report.

13. Greylock McKinnon Associates is compensated for my time at a rate of $600 per hour. My compensation is not dependent on my opinions or on the outcome of this litigation.

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[3] See "Making Medicines Affordable: A National Imperative," A Consensus Study Report of The National Academies of Sciences, Engineering, and Medicine, National Academies Press, Washington, DC, November 2017.

[4] See The United States Senate Committee on Finance, "Drug Shortages: Why They Happen and What They Mean," December 7, 2011, available at http://www.finance.senate.gov/hearings/hearing/?id=cbf688f1-5056-a032-52aa-5d0c23a44d4f.

[5] *In re Neurontin Marketing, Sales Practices, and Products Liability Litigation*, United States District Court for the District of Massachusetts, MDL No. 1629, Master File No. 04-10981; *Beverly Crawford, et al. v. Forest Pharmaceuticals, Inc.*, Missouri Circuit Court, Twenty-Second Judicial Circuit, Case No. 0922-CC08347, Division No. 1.

[6] *In re Androgel Antitrust Litigation*, United States District Court for the Northern District of Georgia, Atlanta Division, Case No. 1:09-MD-2084-TWT; *In re Prandin Direct Purchaser Antitrust Litigation*, United States District Court for the Eastern District of Michigan, C.A. No. 2:10-cv-12141-AC-DAS.

[7] *Robert F. Bach, et al. v. Amedisys, Inc., et al.*, United States District Court for the Middle District of Louisiana, Civil Action No. 3:10-cv-00395-BAJ-CN.

[8] *Beverly Crawford, et al. v. Forest Pharmaceuticals, Inc.*, Missouri Circuit Court, Twenty-Second Judicial Circuit, Case No. 0922-CC08347, Division No. 1; *United States of America, ex rel. James Banigan and Richard Templin, et al. v. Organon USA Inc., et al.*, United States District Court for the District of Massachusetts, Case No. 1:07-cv-12153-RWZ.

14. The documents and materials I have considered in preparation of this report are listed in Attachment B. Should additional materials become available, I reserve the right to update my opinions as needed.

III. INSTITUTIONAL BACKGROUND

15. In the United States, only prescription drugs that are manufactured in accordance with basic quality manufacturing standards can be legally sold by manufacturers and therefore may be assigned a positive economic value by patients and third-party payers; conversely, non-compliant prescription drugs have no economic value.

A. Pharmaceutical manufacturers' compliance with good manufacturing practices provides the foundation upon which prescription drugs are sold in the United States.

16. Manufacturer compliance with current good manufacturing practices, as overseen by the FDA, is foundational to the sale and purchase of prescription drugs in the United States. If a prescription drug is available for sale in the United States, patients and third-party payers rely on the manufacturer's assurance that the drug has the safety, identity, purity, potency, and quality it purports to have, as overseen by the federal government.

17. FDA deems a drug "adulterated"[9] if it contains any filthy or decomposed substance (FDCA § 501(a)(1), 21 U.S.C. § 351(a)(1)); if it is prepared, packed, or held under unsanitary conditions (FDCA § 501(a)(2)(A), 21 U.S.C. § 351(a)(2)(A)); if methods used do not conform to good manufacturing practices (FDCA § 501(a)(2), 21 U.S.C. § 351(a)(2)(b), 21 CFR Parts 210 & 211);[10] if its container is composed of a poisonous or deleterious substance that may cause contents to be injurious to health (FDCA § 501(a)(3), 21 U.S.C. § 351(a)(3)); if it contains an unsafe coloring additive (FDCA § 501(a)(4), 21 U.S.C. § 351(a)(4)); if its strength, quality, or purity falls below compendial standards (FDCA § 501(b), 21 U.S.C. § 351(b)); if its strength or

[9] See 21 U.S.C. § 351.

[10] See Food Drug Law Institute's Workshop, "Introduction to Drug Law and Regulation: Regulation of Drug Manufacturing," November 8-9, 2010, at p. 15, available at https://www.alston.com/-/media/files/insights/events/2010/11/introduction-to-drug-law-and-regulation-how-the-go/files/cirotta-and-burgess-11-9-10--regulation-of-drug-ma/fileattachment/cirotta-and-burgess-11-9-10--regulation-of-drug-ma.pdf.

purity falls below what it purports to possess (FDCA § 501(c), 21 U.S.C. § 351(c)); or if it is mixed or packaged to reduce quality or strength (FDCA § 501(d), 21 U.S.C. § 351(d)).

18. Manufacturers and other private parties are prohibited from introducing "adulterated" drugs into interstate commerce in the United States.[11]

19. From the FDA's inception, protecting American consumers from non-compliant prescription drugs has been central to its mission. The agency's regulatory functions began with the passage of the 1906 Pure Food and Drugs Act, a law that prohibited interstate commerce in adulterated and misbranded food and drugs.[12] According to the FDA website, the law was enforced by the Bureau of Chemistry in the Department of Agriculture, which became the FDA in 1930.[13]

20. The FDA explains the rationale for its central focus on protecting consumers from adulterated and misbranded drugs on its webpage (titled "Promoting Safe and Effective Drugs for 100 Years") as follows: "At the turn of the 20th century, there were no federal regulations to protect the public from dangerous drugs. 'It was a menacing marketplace filled with products such as William Radam's Microbe Killer and Benjamin Bye's Soothing Balmy Oils to cure cancer,' says John Swann, Ph.D., a historian at the Food and Drug Administration in Rockville, Md. 'Products like these were, at minimum, useless remedies that picked the pocket of the user, but they could also be downright harmful.'"[14]

21. The FDA subsequently introduced the concept of current good manufacturing practices into the regulation of prescription drugs. From time to time, the FDA has updated and clarified its cGMP regulations for prescription drug manufacturers.[15] From the agency's perspective,

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[11] 21 U.S.C. § 331(a)-(c).

[12] FDA, "Food Standards and the 1906 Act," February 1, 2018, available at https://www.fda.gov/aboutfda/history/productregulation/ucm132666.htm.

[13] FDA, "Promoting Safe & Effective Drugs for 100 Years," March 27, 2018, available at https://www.fda.gov/AboutFDA/History/ProductRegulation/ucm2017809.htm.

[14] *Ibid.*

[15] cGMPs are now codified at 21 CFR parts 210 through 226. For a timeline of major revisions, see Food Drug Law Institute's Workshop, "Introduction to Drug Law and Regulation: Regulation of Drug Manufacturing," November 8-9, 2010, p. 20, available at https://www.alston.com/-/media/files/insights/events/2010/11/introduction-to-drug-law-and-regulation-how-the-go/files/cirotta-and-burgess-11-9-10--regulation-of-drug-ma/fileattachment/cirotta-and-burgess-11-9-10--regulation-of-drug-ma.pdf.

cGMP principles include: "(1) Quality, safety, and effectiveness must be designed and built into a product; (2) Quality cannot be inspected or tested into a finished product; and (3) Each step of the manufacturing process must be controlled to maximize the likelihood that the finished product will be acceptable."[16]

22. Today, the FDA enforces prescription drug supply regulations that include, but are not limited to, requirements that manufacturers assure that they continuously meet quality manufacturing standards and comply with regulatory oversight, including routine information sharing and engagement with regulators. According to the FDA, "the drug review process in the United States is recognized worldwide as the gold standard. Drugs must undergo a rigorous evaluation of safety, quality, and effectiveness before they can be sold."[17]

23. These oversight activities are fundamentally predicated on the accuracy of information provided by the manufacturers of prescription drugs and their assurances of compliance with quality manufacturing practices.

24. Substantial penalties are also levied on manufacturers for cheating this system.[18] Since 1991, the FDA has maintained its own criminal investigation and law enforcement office, the Office of Criminal Investigations ("OCI").[19] The OCI is "empowered to conduct and coordinate criminal investigations of violations of the Federal Food, Drug, and Cosmetic Act, the Federal Anti-Tampering Act, other related acts, and applicable violations of USC 18 (Crimes and Criminal Procedures)," and "protects the American public by conducting criminal investigations of illegal activities involving FDA-regulated products, arresting those responsible, and bringing

[16] *Ibid,* at p. 21.

[17] FDA, "Promoting Safe & Effective Drugs for 100 Years," March 27, 2018, available at https://www.fda.gov/AboutFDA/History/ProductRegulation/ucm2017809.htm.

[18] See H. Banuelos, "More Scrutiny for cGMP Violations, DOJ to pursue enforcement," *Contract Pharma,* May 6, 2013, available at https://www.contractpharma.com/issues/2013-05/view_fda-watch/more-scrutiny-for-cgmp-violations; U.S. Department of Justice, "Deputy Assistant General Maame Ewusi-Mensah Frimpong Speaks at the 2013 CBI Pharmaceutical Compliance Congress," January 29, 2013, available at https://www.justice.gov/opa/speech/deputy-assistant-attorney-general-maame-ewusi-mensah-frimpong-speaks-2013-cbi; and U.S. Department of Justice, "GlaxoSmithKline to Plead Guilty & Pay $750 Million to Resolve Criminal and Civil Liability Regarding Manufacturing Deficiencies at Puerto Rico Plant," October 26, 2010, available at https://www.justice.gov/opa/pr/glaxosmithkline-plead-guilty-pay-750-million-resolve-criminal-and-civil-liability-regarding.

[19] See FDA, "Criminal Investigations," May 30, 2018, available at https://www.fda.gov/ICECI/CriminalInvestigations/default.htm and FDA, "About OCI," May 22, 2018, available at https://www.fda.gov/ICECI/CriminalInvestigations/ucm550316.htm.

them before the Department of Justice for prosecution."[20] Since 1993, the OCI has investigated thousands of schemes involving a broad range of criminal conduct, including but not limited to the distribution of misbranded, counterfeit and unapproved medical products.[21] The OCI's current stated priorities include the identification of "[b]reaches in the legitimate medical supply chain by individuals and organizations dealing in unapproved, counterfeit, and substandard medical products" and "Criminal conduct that prevents the FDA from being able to properly regulate. This includes false statements to the FDA during the regulatory process and obstruction of justice."[22]

25. Contemporary policy efforts reaffirm that compliance with cGMPs provides the foundation for the legitimate supply of prescription drugs in the United States. For example, in 2013, the United States Congress passed the Drug Quality and Security Act amending the FDCA to increase standards for assessing quality manufacturing of prescription drugs sold in the United States and to reduce opportunities for adulterated or counterfeit drugs to enter the United States supply chain.[23] Title II of the bill, the Drug Supply Chain Security Act, colloquially called 'Track and Trace,' established increased requirements to facilitate the tracing of prescription drug products through the pharmaceutical supply distribution chain.[24] Pharmaceutical manufacturers and their trade organizations largely supported these efforts, arguing that ensuring the quality of prescription drugs sold in the United States is critical to public safety.[25]

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[20] *Ibid.*

[21] *Ibid.*

[22] See FDA, "Investigative Priorities," June 21, 2017, available at https://www.fda.gov/ICECI/CriminalInvestigations/ucm546093.htm.

[23] See "Public Law 113–54, Drug Qualities and Securities Act," November 27, 2013, available at https://www.congress.gov/113/plaws/publ54/PLAW-113publ54.pdf.

[24] *Ibid.* See also FDA, "Drug Supply Chain Security Act (DSCSA)," May 11, 2018, available at https://www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/DrugSupplyChainSecurityAct/.

[25] See R. Robinson, "Track and Trace: Preparing for DSCSA Implementation," January 2015, available at http://www.pharmavoice.com/article/track-trace-preparing-dscsa-implementation/ ("Mr. Sanchez at Virtus [Pharmaceuticals] says meeting compliance requirements is not the only driving factor behind implementing a track and trace system, there are many other benefits, for example, a big one is safety… 'Quality and safety are our top priorities at Virtus… This system will help us better align our quality processes. As our process develops and evolves it will enhance our systems so that we can be properly prepared in case any issues arise.'") See also Healthcare Distribution Alliance, "Pharmaceutical Traceability," available at https://www.healthcaredistribution.org/issues/pharmaceutical-traceability (highlighting that the DSCSA "clarified and consolidated supply chain regulations, increasing the efficiency and safety of the supply chain," "strengthened distributor licensure standards across the United States," and "established new processes for identifying suspect and illegitimate products in the supply chain.") See also GSK, "GSK responds to 60 Minutes," January 1, 2011,

26. Compliance with cGMPs has also been part of the debate regarding affordability of and access to prescription drugs. For example, in recent years stakeholders have debated allowing prescription drugs to be imported from other countries where they are legally sold at lower prices. These efforts refer to a passage in the 2003 Medicare Modernization Act that allows the Secretary of the Department of Health and Human Services to approve drug importation plans if it will not create public safety concerns.[26] In the 15 years since the Act was passed, the Department of Health and Human Services has never approved any foreign drug importation program proposed by the states.

27. In 2017, legislation was proposed in Congress that would allow the importation of drugs from licensed sellers in Canada and European Union member countries.[27] Under the proposed bill, licensed sellers would have to source the products from manufacturers complying with cGMPs and would face significant penalties for introducing into the American market substandard drugs. In response, a bipartisan group of the most recent four former FDA commissioners released a public letter to Congress opposing drug importation from other countries, arguing that importation is risky and would endanger American consumers by exposing them to fake, substandard and contaminated drugs.[28] The proposal allowing importation of drugs from licensed sellers in Canada and the European Union was ultimately not enacted into law.

available at https://www.gsk.com/en-gb/media/press-releases/gsk-responds-to-60-minutes/ ("GSK regrets the manufacturing issues at the Cidra facility, which were inconsistent with GSK's commitment to manufacturing quality.").

[26] See "Public Law 108-173, Medicare Prescription Drug, Improvement, and Modernization Act of 2003," December. 8, 2003, at section 1121-1123, available at https://www.congress.gov/108/plaws/publ173/PLAW-108publ173.pdf.

[27] S. Luthra, Kaiser Health News, "These states want to import cheaper drugs from Canada," *CNN Money*, February 15, 2018, available at http://money.cnn.com/2018/02/15/news/economy/drug-imports-canada/index.html; and C.Y. Johnson, "Bernie Sanders takes another swing at big pharma with bill to allow drug imports," *Washington Post,* February 28, 2017, available at https://www.washingtonpost.com/news/wonk/wp/2017/02/28/bernie-sanders-takes-another-swing-at-big-pharma-with-bill-to-allow-drug-imports/?utm_term=.4ead42853d47.

[28] See L. McGinley, "Four former FDA commissioners denounce drug importation citing dangers to consumers," *Washington Post*, March 17, 2017, available at https://www.washingtonpost.com/news/to-your-health/wp/2017/03/17/four-former-fda-commissioners-denounce-drug-importation-citing-dangers-to-consumers/?noredirect=on&utm_term=.9bc5f9a6ffcd.

28. Pharmaceutical manufacturers and their trade organizations have also opposed the importation of prescription drugs from other countries due to safety concerns.[29] On its website, GSK warns that the "quality and authenticity of drugs plucked outside the tight regulatory system that FDA administers in the US are highly suspect."[30] "The US is the gold standard when it comes to regulating the safety of our medicines. Regulatory oversight from FDA and federal and state government agencies plays a critical role in helping keep counterfeit medicines from infiltrating the US healthcare system."[31]

29. Similarly, where supply shortages have occurred in the United States in recent years, the FDA has worked to promote alternative sources of supply while still requiring compliance with quality manufacturing practices.[32]

30. These efforts to affirm, and in some cases increase, quality assurance of the prescription drug supply chain in the United States have been supported by pharmaceutical manufacturers[33] in order to protect the legitimacy of their quality-adherent products and consequently their ability to sell and profit from prescription drugs in the United States market.

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[29] See Pharmaceutical Research and Manufacturers of America, "Why Drug Importation is Bad for Patients," available at https://www.phrma.org/advocacy/safety/drug-importation#Why-Drug-Importation-is-Bad-for-Patients; Pharmaceutical Research and Manufacturers of America, "Drug Importation: Myths vs. Facts," February 22, 2017 available at https://www.phrma.org/graphic/drug-importation-myths-vs-facts; Pharmaceutical Research and Manufacturers of America, "The biopharmaceutical industry's commitment to quality," February 11, 2016, available at https://catalyst.phrma.org/the-biopharmaceutical-industrys-commitment-to-quality; Pharmaceutical Research and Manufacturers of America, "Medicine Safety, Drug Importation," available at https://www.phrma.org/advocacy/safety/drug-importation; GSK, "Buyer beware: importing drugs comes with big risks," March 10, 2017, available at http://us.gsk.com/en-us/behind-the-science/how-we-do-business/buyer-beware-importing-drugs-comes-with-big-risks/. It should be noted that GSK is a member of the Pharmaceutical Research and Manufacturers of America, see Pharmaceutical Research and Manufacturers of America, "Members," available at https://www.phrma.org/about/members.

[30] See GSK, "Buyer beware: importing drugs comes with big risks," March 10, 2017, available at http://us.gsk.com/en-us/behind-the-science/how-we-do-business/buyer-beware-importing-drugs-comes-with-big-risks/.

[31] *Ibid.*

[32] See G. Harris, "Shipments From Abroad to Help Ease Shortage of Two Cancer Drugs," *New York Times,* February 21, 2012, available at https://www.nytimes.com/2012/02/22/health/policy/fda-approves-imports-amid-shortage-of-2-cancer-drugs.html; R.M. Conti, "Secretive Contract Manufacturing Arrangements Complicate Solutions to Shortages of Generics," *The Cancer Letter*, January 3, 2014, available at https://cancerletter.com/articles/20140103/; and Pharmaceutical Research and Manufacturers of America, "Drug Shortages & Supply Chain Info," available at https://www.phrma.org/advocacy/safety/drug-shortages-supply-chain.

[33] Pharmaceutical Research and Manufacturers of America, "The biopharmaceutical industry's commitment to quality," February 11, 2016, available at https://catalyst.phrma.org/the-biopharmaceutical-industrys-commitment-to-quality.

31. Moreover, compliance with basic manufacturing practices is foundational to the payment for prescription drugs by third-party payers. Third-party payers make prescription drug coverage and purchasing decisions based on manufacturers' compliance with cGMPs.[34] In this matter, the third-party payer plaintiffs relied on GSK to manufacture and sell prescription drugs that comply with cGMPs so that each GSK drug had the safety, identity, purity, potency, and quality that its label represented it possessed.[35]

B. From an economic perspective, non-compliant drugs have no economic value and are worthless.

32. From an economic perspective, the rationale for the FDA's strict regulation of manufacturing stems from the fact that patients, prescribers, and third-party payers cannot test or

[34] See, e.g., Deposition of Dorinda Fay Cale, March 2, 2018, at p. 453:18-22 (testifying that it is BCBS Alabama's assumption that a drug on the marketplace "is manufactured under good manufacturing processes that's monitored and approved by the FDA."); Deposition of Thomas Jeffrey White, February 22, 2018, at 50:8-13 ("You cannot be assured of the quality, the safety, the efficacy, sterility, effectiveness unless the drug has been manufactured in a way that's compliant, consistent and in accordance with good manufacturing practices as established by the FDA."); Deposition of Chad Murphy, February 22, 2018, at p. 409:1-6 (testifying that Premera relies on the FDA to give approval to determine whether a drug is fit to be in the marketplace based on compliance with cGMPs); Deposition of Sarah Marche, February 13, 2018, at p. 415:18-24 ("if the FDA approves a drug, we make assumptions that it is safe and effective for our members, based on the clinical data, and we make formulary decisions based off of that"); Deposition of Saira Jan, February 15, 2018, at p. 413:14-20 ("Horizon formulary decisions are made on the fact that the drug is FDA approved that's available in the market."); Deposition of Matthew Hosford, March 7, 2018, at p. 167:17-20 ("I think P&T Committee considers FDA approval of a drug to be marketed in the US as [the] initial standard for formulary consideration."); Deposition of Mollie Carby, January 31, 2018, at p. 441:18-21 ("If a drug was in the marketplace our understanding would be that it met FDA standards for safety and efficacy, yes, so we would continue to pay for it."); and Deposition of Steven Lee Broudy, February 27, 2018, at pp. 175:21 – 176:3 ("It was incumbent upon the Food and Drug Administration as well as upon the manufacturer to provide…properly manufactured drugs to the marketplace, and we had to rely on those resources to do their job so we could do our jobs.").

[35] See, e.g., Deposition of Thomas J. Kowalski, January 24, 2018, at p. 89:3-11 (saying the definition of current good manufacturing practices is when drugs are made "in a facility that is overseen by the FDA and meet standards of production, quality, safety, cleanliness," and are "manufactured in accordance with FDA regulations of safety and efficacy."); Deposition of Chad Murphy, February 22, 2018, p. 409:8-13 ("[I]t is the manufacturer's accountability as well when the FDA is not present to ensure the, again, going back to safety, quality, purity, efficacy of those drugs into the market."); Deposition of Mollie Carby, January 30, 2018, p. 378:8-17 (saying that Louisiana Health Service Indemnity Company relied on the FDA to ensure, "drugs that are available in the marketplace meet their regulations and, if they don't, that they would not be available for purchase."); Deposition of Steven Lee Broudy, February 27, 2018, at pp. 175:21 – 176:1 ("It was incumbent upon the Food and Drug Administration as well as upon the manufacturer to provide safe and effective…and properly manufactured drugs to the marketplace."); Deposition of Angela S. Baughman, January 11, 2018, at pp. 175:21-176:2 (saying that BCBS South Carolina's expectation is that the FDA oversees manufacturers to ensure products dispensed meet safety standards and the cGMP standards of "quality, safety, and efficacy."); and Deposition of Walter Sidles, March 13, 2018, at p. 125:9-11 ("KPS would be dependent on the FDA enforcing the regulations for good manufacturing practices.").

evaluate for themselves the manufacturing quality of prescription drugs.[36] In other words, there exists substantial asymmetric information about quality manufacturing between the manufacturers themselves and those who prescribe, consume, and pay for these products. When such substantial asymmetric information about product attributes exists, manufacturers have an economic incentive to generate revenue by selling a product that is worthless (or maybe even harmful) unless legal constraints prevent them from doing so.

33. Indeed, one reason why oversight of the quality manufacturing of prescription drugs is a government activity and not left up to the private sector alone is that only the government has the power to compel manufacturers to attest to their compliance with quality manufacturing standards, provide data to support these assurances, and levy penalties on manufacturers if the assurances or the information to support the assurances are found to be inaccurate or even fraudulent.[37]

34. Additionally, third-party payers continuously assess whether and which prescription drug treatments might provide their members benefit and value to treat medical conditions and symptoms. The assurance of quality manufacturing by the manufacturers of prescription drugs is foundational to third-party payers' decision making.

35. Accordingly, the FDA recognizes the public's need to rely on prescription drug manufacturers' compliance with regulatory requirements and manufacturers' representations of such compliance: "Pharmaceutical quality is the foundation that allows patients and consumers to have confidence in the safety and effectiveness of their medications."[38]

36. Federal law establishes that non-compliant prescription drugs are not legitimate consumer products and cannot be lawfully sold or distributed for sale. In effect, prescription drugs that do not meet the foundational standard of quality manufacturing have no economic value.

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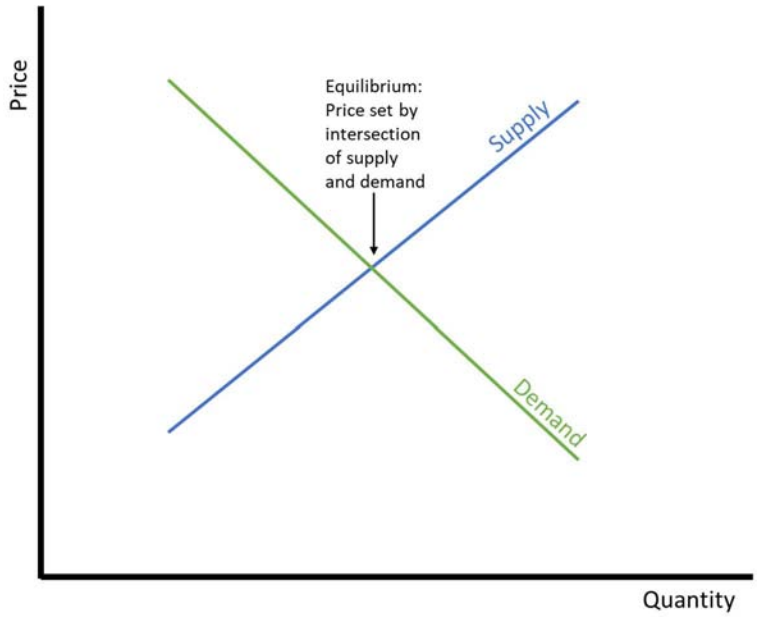
[36] See P.M. Danzon and E.L. Keuffel, "Regulation of the Pharmaceutical-Biotechnology Industry," in *Economic Regulation and Its Reform: What Have We Learned?*, eds. N.L. Rose, University of Chicago Press, Chicago, IL, 2005, pp. 407-84.

[37] See FDA, "Facts About the Current Good Manufacturing Practices (CGMPs)," October 6, 2017, available at https://www.fda.gov/Drugs/DevelopmentApprovalProcess/Manufacturing/ucm169105.htm.

[38] FDA, "Pharmaceutical Quality Resources," April 26, 2018, available at https://www.fda.gov/Drugs/DevelopmentApprovalProcess/Manufacturing/default.htm.

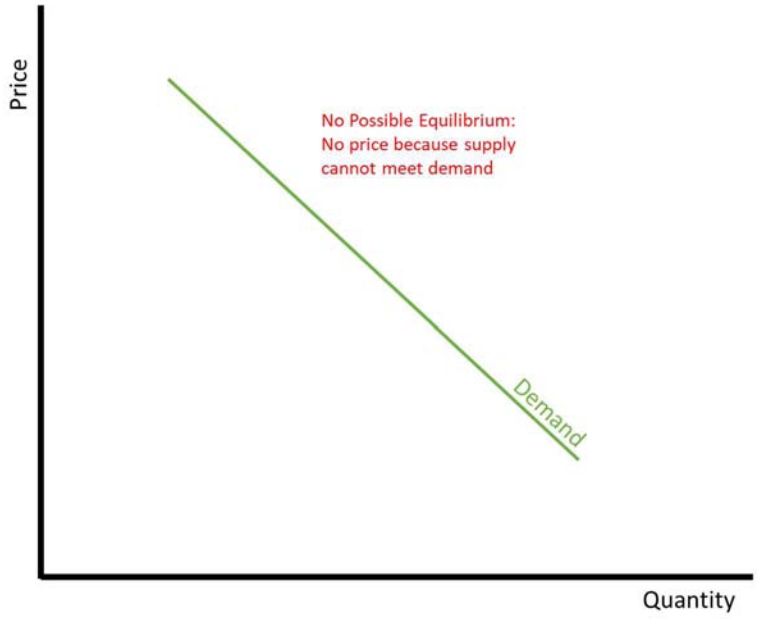
37. According to economic theory, for a consumer product to have economic value, demand for the product must exist and supply must be allowed to meet demand. See Figure 1, which illustrates the basic economics of supply, demand, and pricing.

Figure 1
Supply and Demand



38. In the United States, the regulation of prescription drugs prohibits the supply of drugs that are non-compliant with quality manufacturing standards. Therefore, there is no legitimate supply curve for such drugs. Under these circumstances, there is no equilibrium between the demand for compliant prescription drugs and the supply of non-compliant drugs. As a result, there is no economically determinable price for non-compliant drugs. See Figure 2.

Figure 2
Demand with No Legitimized Supply



39. Furthermore, assigning a non-zero value to non-compliant drugs would incentivize and legitimize cheating and non-compliance by pharmaceutical manufacturers and other members of the supply chain, and would undermine the substantial investments made by the government and private parties to protect the wellbeing of American patients. This would be a fundamental departure from enforcement mechanisms described in the preceding section that are designed to protect the American public.

40. I conclude, based on basic economic principles and my expertise in how pharmaceutical markets are established and function in the United States, that non-complaint prescription drugs have no economic value.

IV. CALCULATION OF DAMAGES

41. The standard empirical methods I use to calculate plaintiffs' damages are described in this section. My calculations are based on claims data provided by each plaintiff with respect to the payments made for the At-Issue Drugs insofar as they were manufactured at GSK's Cidra plant.

A. Methodology for the calculation of damages

42. Expenditures by each plaintiff for the At-Issue Drugs can be expressed as the product of price times quantity over the relevant time period of the alleged misconduct. Specifically, for any drug *d*, at any date *t,* for any insurer *i*:

$$\text{Plaintiff Expenditures}_{d,t,i} = Q_{d,t,i} * P_{d,t,i} \quad (1)$$

Where:

$Q_{d,t,i}$ = the quantity of drug *d*, purchased by each plaintiff *i*, at date *t*.

$P_{d,t,i}$ = the price of drug *d*, purchased by each plaintiff *i*, at date *t*.

43. Based on my assessment that spending on prescription drugs cannot be separated from the quality manufacturing assured by the manufacturer and overseen by government regulators, non-compliant prescription drugs have no economic value. Therefore, the appropriate measure of damages in this matter is the total amount paid by each plaintiff for the At-Issue Drugs manufactured at Cidra.

44. My calculation of damages consisted of four steps. First, I identified the NDCs of the 17 At-Issue Drugs. Second, I summed the plaintiffs' total expenditures by NDC and year, utilizing plaintiffs' claims data provided to me by counsel. Third, I applied time period restrictions based on GSK's interrogatory responses stating when specific drugs were manufactured at the Cidra plant. Finally, I applied additional adjustments to each plaintiff's spending on At-Issue Drugs based on GSK's interrogatory responses regarding the share of drug volume in a given time period sourced from the Cidra plant.

45. If necessary, my methodology for calculating damages is flexible and can be adjusted to accommodate whatever factual or legal findings the jury or the Court makes for changes in the At-Issue Drug list, varying time periods, a subset of plaintiffs' purchases (to account for different lines of business offered by plaintiffs, *e.g.*, Medicare or self-insured customers), and offsets.

B. Data utilized for damage calculations

i. NDCs for the 17 At-Issue Drugs

46. Plaintiffs' counsel provided me with a list of the NDCs for the 17 At-Issue Drugs, which I cross-referenced against all NDCs included in plaintiffs' claims data, as described in Section IV.B.ii below.[39] For NDCs matching the 17 At-Issue Drugs, I also compiled information identifying the product, form, and strength.[40] According to GSK's interrogatory responses dated January 25, 2018 and updated responses dated May 11, 2018, only specific forms and strengths of the At-Issue Drugs were manufactured at the Cidra plant.[41] With this information, I created a list of NDCs for the At-Issue Drugs matching the forms and strengths manufactured at the Cidra plant.[42] I found a total of 378 NDCs for the At-Issue Drugs that were manufactured at the Cidra plant.

ii. Plaintiffs' claims data

47. I have received claims data for the 17 At-Issue Drugs for 32 entities representing the 39 named plaintiffs asserting claims in this action.[43] These data came in multiple productions,

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[39] NDCs were normalized to full 11-digit NDCs by removing additional leading zeros, adding leading zeros where missing, and removing dash characters that appeared within the NDC. Any invalid normalized NDCs containing non-numeric characters were excluded from my analysis.

[40] See Attachment C backup materials for additional sources used to identify information for At-Issue Drugs.

[41] "Defendant's Updated Objections and Responses to Plaintiffs' First Set of Interrogatories, 1,3, 4," January 25, 2018, pp. 7-9; "Defendant's Updated Objections and Responses to Plaintiffs' Interrogatory No. 4," May 11, 2018, pp. 1-9. These interrogatory responses identified 47 unique drug, form, and strength combinations as well as all capsule forms for Dyazide. I found two strengths for Dyazide capsules (37.5mg/25mg capsules and 50mg/25mg capsules) in plaintiffs' claims data. Additionally, I found one form and strength for Factive (320mg tablet) which defendants identify as possibly having been manufactured at the Cidra plant between 2004 and 2005 ("Defendant's Updated Objections and Responses to Plaintiffs' Interrogatory No. 4," May 11, 2018, at pp. 4-5). In total, I find 50 unique drug, form, and strength combinations identified as having been manufactured at the Cidra plant during the relevant time period.

[42] See Attachment C.

[43] The following Plaintiffs are grouped together through their data productions:

- WellPoint and Amerigroup
- BCBS Delaware, Highmark West Virginia, and Highmark Pennsylvania
- Carefirst and Group Hospital and Medical Services
- UsAble and HMO Partners
- GHC and KPS
- Wellmark of Iowa and Wellmark Inc.

which I refer to in this report and its attachments as "Old Claims Data," "New Claims Data," "New Supplemental Claims Data," and "New Replacement Claims Data" productions. I have been instructed by counsel to use the New Claims Data where available. I have also been instructed to use Replacement New Claims Data where available instead of New Claims Data; and where Supplemental New Claims Data are available, I have been instructed to combine that data with the New Claims Data/New Replacement Data. A complete list of plaintiffs' data files used for my analysis and the corresponding productions are listed in Attachment B.[44] I note that some plaintiffs were not able to produce data for the entire relevant time period. When this occurred, I conservatively calculated damages as zero for those years.[45]

48. I have reviewed each plaintiff's production of claims data and removed possible duplicated claims. With one exception, duplicate claims were identified and removed by reviewing each plaintiff's claims data productions. When I used either New Claims Data or New Replacement Claims Data along with New Supplemental Claims Data, these productions were joined, and I removed duplicate claims that may have been produced in both productions.[46]

iii. Time period restrictions

49. According to GSK's updated interrogatory response dated May 11, 2018, the 17 At-Issue Drugs were manufactured at the Cidra plant during different years within the relevant time period.[47] I used the product, form, and strength information provided in GSK's interrogatory response to limit plaintiffs' claims data to include only claims for At-Issue Drugs during the periods when they were manufactured at the Cidra plant.

iv. Additional adjustments

50. GSK's May 11, 2018 interrogatory response also identified the percentage of volume for specific At-Issue Drugs manufactured and distributed at the Cidra plant for years when the Cidra

[44] I have been informed by counsel that Blue Cross Blue Shield ID and Health Care Services Corporation are no longer plaintiffs.

[45] See Attachment D for details.

[46] Due to non-standardized variables across the different WellPoint datasets, I removed duplications in WellPoint claims data based on matching uniform variables appearing across their multiple productions: Member ID, Group ID, NDC, Date of Service, Paid Amount, and Quantity Dispensed. See backup materials for additional details.

[47] See "Defendant's Updated Objections and Responses to Plaintiffs' Interrogatory No. 4," May 11, 2018, pp. 4-6. I used the list produced on May 11, 2018, which superseded the list produced on January 25, 2018.

plant was the nonexclusive manufacturer for those At-Issue Drugs. These percentages were identified by product, form and strength. To account for time periods of nonexclusive manufacturing, I multiplied each plaintiff's total expenditure for these At-Issue Drugs by the percentage of drugs manufactured at the Cidra plant identified in GSK's interrogatory response.[48]

51. Additionally, GSK identified five drugs that were manufactured at the Cidra plant during specific years, but for which GSK has stated that it cannot identify the percentages that were manufactured at the Cidra plant.[49] I have been instructed by counsel to assume 100% of plaintiffs' purchases of these five At-Issue Drugs were manufactured at Cidra. However, I have calculated damages for each plaintiff for these specific At-Issue Drugs in a separate category. Should GSK supplement information on this issue, my method is flexible and can account for changes in these percentages.[50]

C. Summary of damages

52. Summaries for total payments by plaintiff, drug, and year are provided in Attachment D.[51] I find that damages for each plaintiff range from $3.3 million to $483.7 million, totaling $2.82 billion in the aggregate. See Table 1 for a summary of the damages for each plaintiff limited to the At-Issue Drugs manufactured at the Cidra plant. The table identifies amounts for drugs with known Cidra manufacturing percentages[52] and for drugs with unknown Cidra manufacturing percentages.[53]

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[48] *Ibid*.

[49] Those drugs are Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Factive in 2004-2005, and Kytril in 2001-2003.

[50] See Table 1 below and Attachment D.

[51] Note that for Priority Health I find one year where damages for Albenza are negative (2004). This value is *de minimis*, totaling only -$18. To be conservative, I have retained this negative damage value.

[52] Drugs included in this column are: Albenza (2000-2005), Avandamet (2002-2005), Avandia (2000-2005), Bactroban (2000-2005), Compazine (2000-2002), Coreg (2000-2005), Denavir (2000), Dyazide (2000-2005), Kytril (2000), Paxil (2000-2005), Paxil OS (2000-2005), Relafen (2000-2005), Stelazine (2000-2002), and Thorazine (2000-2002). See "Defendant's Updated Objections and Responses to Plaintiffs' Interrogatory No. 4," May 11, 2018, at pp. 5-6 and attachment C for time periods for specific drug-form-strengths.

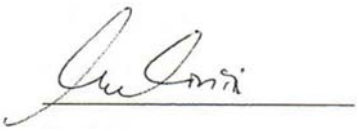
[53] Drugs included in this column are: Denavir (2001-2003), Dibenzyline (2000-2002), Dyrenium (2000-2002), Factive (2004-2005), and Kytril (2001-2003). See "Defendant's Updated Objections and Responses to Plaintiffs' Interrogatory No. 4," May 11, 2018, at pp. 4-5.

53. I reserve the right to update this analysis should any new data become available, should any changes be made to the At-Issue Drug list or to the list of NDCs for the At-Issue Drugs manufactured at the Cidra plant, or should any subset of plaintiffs' purchases be excluded.

Table 1
Total Damages for Each Plaintiff for At-Issue Drugs Manufactured at Cidra

Plaintiff	*Total Amounts Paid: Drugs with Known Cidra Percentages*	*Total Amount Paid: Drugs with Unknown Cidra Percentages*	*Total Amount Paid*
Aetna, Inc.	$480,658,294	$3,061,962	$483,720,256
AvMed Health Plans	$3,615,514	$12,221	$3,627,735
Blue Cross Blue Shield of Alabama	$104,742,588	$611,756	$105,354,344
Blue Cross Blue Shield Association	$210,346,715	$1,291,033	$211,637,748
Blue Cross and Blue Shield of Florida, Inc.	$40,753,775	$626,805	$41,380,581
Blue Cross and Blue Shield of Kansas City	$15,082,155	$65,750	$15,147,905
Blue Cross Blue Shield of Massachusetts	$106,098,592	$615,030	$106,713,622
Blue Cross Blue Shield of Minnesota	$78,219,938	$409,112	$78,629,050
Blue Cross and Blue Shield of North Carolina	$88,996,041	$179,606	$89,175,648
Blue Cross & Blue Shield of Rhode Island	$17,132,357	$106,564	$17,238,921
Blue Cross Blue Shield South Carolina	$20,664,933	$86,047	$20,750,980
Blue Cross Blue Shield of Tennessee	$63,210,194	$309,889	$63,520,084
CareFirst of Maryland Inc.	$63,490,265	$263,107	$63,753,372
Caring for Montanans	$3,301,487	$32,011	$3,333,498
Connecticut General Life Insurance Company	$400,793,368	$2,176,115	$402,969,483
EmblemHealth	$11,117,140	$25,011	$11,142,151
Government Employees Health Association	$52,145,400	$265,363	$52,410,763
Group Health Cooperative	$22,543,806	$174,186	$22,717,992
Health Net, Inc.	$109,692,728	$506,518	$110,199,246
HealthNow New York, Inc.	$35,182,365	$260,436	$35,442,801
Highmark Inc.	$136,766,790	$706,100	$137,472,890
Horizon Blue Cross Blue Shield of New Jersey	$93,022,380	$745,601	$93,767,980
Louisiana Health Service Indemnity Company	$7,159,569	$47,096	$7,206,665
Medical Mutual of Ohio	$49,975,771	$410,966	$50,386,738

Plaintiff	*Total Amounts Paid: Drugs with Known Cidra Percentages*	*Total Amount Paid: Drugs with Unknown Cidra Percentages*	*Total Amount Paid*
Noridian	$4,523,428	$12,477	$4,535,905
Premera Blue Cross	$19,401,674	$100,694	$19,502,368
Priority Health	$21,957,755	$88,110	$22,045,865
The Regence Group	$76,265,318	$349,693	$76,615,011
Usable Mutual Insurance Company	$9,932,761	$48,424	$9,981,185
Wellcare Health Plans, Inc.	$10,687,623	$35,234	$10,722,857
Wellmark, Inc.	$19,502,141	$78,963	$19,581,104
WellPoint, Inc.	$424,311,520	$1,938,512	$426,250,033
Total	$2,801,294,387	$15,640,394	$2,816,934,781



Rena Conti

June 5, 2018

Attachment A

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ACADEMIC APPOINTMENTS

2006-2010	Instructor, Department of Pediatrics. Section of Pediatric Hematology and Oncology, The University of Chicago
2010-2016	Assistant Professor, Department of Pediatrics. Section of Pediatric Hematology and Oncology, The University of Chicago
2013-2016	Assistant Professor, Department of Public Health Sciences, The University of Chicago
2014-2016	Assistant Professor, Biological Sciences Collegiate Division, The University of Chicago
July 2016-	Associate Professor, Department of Pediatrics. Section of Pediatric Hematology and Oncology and Biological Sciences Collegiate Division, The University of Chicago
January 2017-	Associate Professor, Harris School of Public Policy, The University of Chicago

Ph.D.-Granting Committee, Program, Institute, and Center Appointments

2006-	Cancer Prevention and Control (CPC) Program, Comprehensive Cancer Center
2006-	Center for Health and the Social Sciences
2006-	Committee on Clinical Pharmacology and Pharmacogenomics
2008-	The Graduate Program on Health Administration and Policy
2014-	The Population Research Center at NORC
2014-	Committee on Clinical and Translational Science
2015-	The Center for Health Administration Studies Fellow

ACADEMIC TRAINING

1988-1992	B.A., Kenyon College High honors; Major: Philosophy, Minor: History
2000-2006	Ph.D., Harvard University, Interfaculty Initiative in Health Policy Concentration: Economics Dissertation title: The Economic Value of Antidepressant Prescription Drugs Thesis committee: Richard G. Frank (chair), David M. Cutler, Joseph P. Newhouse

INVITED, ELECTED, OR APPOINTED EXTRAMURAL SERVICE

2006-pres	NCORP, Alliance/Cancer and Leukemia Group B (CALGB), Committee on Cancer Control and Health Outcomes
2011-pres	Ad hoc advisor, Finance Committee, HELP Committee of the U.S. Senate
2011-pres	Ad hoc advisor, Committee on Oversight and Government Reform, U.S. House of Representatives
2012-2014	Clinical Trial Design Task Force; Investigation Drug Steering Committee; VOI Working Group; Co-chair (with S Ramsey, University of Washington); National Institutes of Health (NIH)/National Cancer Institute (NCI)
2013-2016	Government Relations Committee, American Society for Clinical Oncology
2014	Ad hoc advisor, 60 Minutes, CBS News
2014-pres	Chair, Pre-conference on the Economics of Cancer Treatment, American Society for Clinical Oncology
2014	Ad hoc advisor, Public Interest Division, Illinois Attorney General
2014-pres	Permanent consultant, Center for Health Policy and Outcomes, Department of Epidemiology & Biostatistics, Memorial Sloan-Kettering Cancer Center
2015-pres	Elected member, PDQ Board on Financial Toxicity, NIH/NCI
2016-pres	Elected member, Conference on Research in Income and Wealth
2016-pres	Appointed advisory board member, Midwest CEPAC, Institute for Clinical and Economic Review (ICER)
2016-pres	Appointed advisory committee member, State Alternative Approaches to Financing for Effective Drug Reimbursement & Utilization Group (SMART-D Initiative)
2016-pres	Appointed advisory panel member, Health Affairs Blog, Prescription drugs
2016-pres	Elected ad hoc member, National Academy of Sciences, Engineering, and Medicine Committee "Ensuring Patient Access to Affordable Drug Therapies"
2018 (pending)	Economist, U.S. Food and Drug Administration, Office of Strategic Programs, CDER

Manuscript reviewer for: American Economics Review, American Journal of Health Economics, American Journal of Public Health, British Medical Journal, Cancer, Journal of the American Medical Association, Journal of Clinical Oncology, Journal of General Internal Medicine, Journal of Health Economics, Journal of Mental Health Economics and Policy, Journal of the National Cancer Institute, Journal of Political Economy, Health Affairs, Health Economics, Health Services Research, Lancet, Medical Care, Nature, New England Journal of Medicine, Science

PUBLIC TESTIMONY

1. 2011 "An economic assessment of the causes and policy implications of current specialty drug shortages," Senate Finance Committee, Drug Shortages: What causes them and what can we do about them? Washington, D.C, December.
2. 2015 "An economic assessment of the potential paradoxical effects of the 340B program on the financing and organization of medical care," Invited written statement, The House of

Representatives, Energy and Commerce Committee hearing on "Examining the 340B Drug Pricing Program," March.

3. 2015 "Who makes this drug? The public costs of keeping the identity of contract manufacturers of biopharmaceuticals secret," Public Hearing and federal register submission on the Reauthorization of the Prescription Drug User Fee Act, US Food and Drug Administration, White Oak, MD, July.
4. 2016 "Determinants of generic drug supply and price," Generic Drug User Fee Amendments of 2012 (GDUFA) Reauthorization, FY 2016 Regulatory Science Initiatives Part 15 Public Meeting, Public Hearing on the Reauthorization of the Prescription Drug User Fee Act, US Food and Drug Administration, White Oak, MD, May.
5. 2017 "High prescription drug prices: causes, consequences, reform opportunities," Oral testimony and written prepared statement in front of the City of Chicago, Committee on Finance, Public hearing on "Chicago Drug Pricing Transparency Ordinance." August.
6. 2017 "Challenges in Maintaining Competition in Small Generic Drug Markets II," FDA Public Meeting: Ensuring Competition in Generic Drug Markets, Silver Springs, MD, October.
7. 2017 "High prescription drug prices: Balancing access and affordability," Federal Trade Commission Workshop on "Understanding Competition in Prescription Drug Markets: Entry and Supply Chain Dynamics," Washington, DC, November.

SCHOLARSHIP

(a) Peer-reviewed publications in the primary literature, exclusive of abstracts:

1. Epstein AM, JZ Ayanian, JH Keogh, SJ Noonan, N Armistead, PD Cleary, JS Weissman, JA David-Kasdan, D Carlson, J Fuller, D Marsh and **RM CONTI**. "Racial disparities in access to renal transplantation--clinically appropriate or due to underuse or overuse?" *New England Journal of Medicine*. 2000 343(21):1537-44.
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4. Chien AT, **RM CONTI**, HA Pollack. "A pediatric-focused review of the performance incentive literature," *Current Opinion in Pediatrics.* Dec 2007;19(6):719-25.
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7. **CONTI RM**, DL Veenstra, K Armstrong, LJ Lesko, SD Grosse. "Personalized medicine and genomics: challenges and opportunities in assessing effectiveness, cost-effectiveness, and future research priorities," *Med Decis Making*. 2010 May-Jun;30(3):328-40. Epub 2010 Jan 4.
8. Meltzer DO, A Basu, **RM CONTI**. "The economics of comparative effectiveness studies: societal and private perspectives and their implications for prioritizing public investments in comparative effectiveness research," *Pharmacoeconomics* 2010;28(10):843-53.
9. **CONTI RM**, AB Busch, DM Cutler. "Overuse of Antidepressants in a Nationally Representative Adult Patient Population in 2005," *Psychiatric Services.* 2011 62: 720-726.
10. Dorsey ER, A Rabbani, SA Gallagher, **RM CONTI**, GC Alexander. "Impact of FDA black box advisory on antipsychotic medication use," *Arch Intern Med.* Jan 2011;170(1):96-103.
11. Qato DM, ST Lindau, **RM CONTI**, LP Schumm, GC Alexander. "Racial and ethnic disparities in cardiovascular medication use among older adults in the United States," *Pharmacoepidemiol Drug Saf*. 2011 Aug;19(8):834-42.
12. Dorsey ER, SA Gallagher, GC Alexander, **RM CONTI**. "Trends in the use of atypical antipsychotics for the treatment of bipolar disorder in the United States, 1998-2009," *Psychiatric Services.* 2011 63: 230-236.
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15. Dusetzina SB, AS Higashi, ER Dorsey, **RM CONTI**, HA Huskamp, S Zhu, CF Garfield, GC Alexander. "Impact of FDA drug risk communications on health care utilization and health behaviors: a systematic review," *Med Care*. 2012 Jun;50(6):466-78
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17. Kornfield R, Watson S, Higashi AS, **CONTI RM**, Dusetzina SB, Garfield CF, Dorsey ER, Huskamp HA, Alexander GC. "Effects of FDA advisories on the pharmacologic treatment of ADHD, 2004-2008," *Psychiatr Serv*. 2013 Apr 1;64(4):339-46.
18. Conti RM. "Eliminate cost-plus reimbursement for drugs," *Clin Adv Hematol Oncol*. 2014 Jan;12(1):66. PubMed PMID: 25129910.
19. **CONTI RM**, AC Bernstein, VM Villaflor, RL Schilsky, MB Rosenthal, PB Bach. "Prevalence of off-label use and spending in 2010 among patent-protected chemotherapies in a population-based cohort of medical oncologists," *Journal of Clinical Oncology/American Journal of Managed Care.* 2013 Mar 20;31(9):1134-9. Epub 2013 Feb 19.

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Meter/Statements/2017/Feb/28/Donald-Trump/Fact-Checking-Donald-Trumps-Claim-About-Soaring-Ob/

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71. Schencker, Lisa. "Marathon Sheds $89,000 Muscular Dystrophy Drug After Pricing Uproar,” Tca Regional News, Mar 17, 2017. Https://Search-Proquest-Com.Proxy.Uchicago.Edu/Docview/1877984731?Accountid=14657

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80. Tribble, Sarah Jane. "Drug Rebates Reward Industry Players And Often Hurt Patients,” Tca News Service, May 30, 2017. Https://Search-Proquest-Com.Proxy.Uchicago.Edu/Docview/1903622784?Accountid=14657

81. Schencker, Lisa. “American Medical Association Urges Drug Companies To Advertise Prices,” Chicago Tribune, Jun 15, 2017, Http://Www.Chicagotribune.Com/Business/Ct-Ama-Drug-Prices-0616-Biz-20170615-Story.Html

82. Schencker, Lisa. "American Medical Association Urges Drug Companies To Advertise Prices," Tca Regional News, Jun 16, 2017. Https://Search-Proquest-Com.Proxy.Uchicago.Edu/Docview/1910082575?Accountid=14657

83. Schencker, Lisa. "Medical Association Wants Drug Costs In Ads," Chicago Tribune, Jun 16, 2017. Https://Search-Proquest-Com.Proxy.Uchicago.Edu/Docview/1910242787?Accountid=14657

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85. "Popular Cancer Pill Goes Generic, Yet Patient' Costs Stay High," Uchicagonews, Jun 30, 2017. Https://Www.Bloomberg.Com/News/Articles/2017-06-30/Popular-Cancer-Pill-Goes-Generic-Yet-Patients-Costs-Stay-High

86. Johnson, Caroline Y. "The generic drug industry has brought huge cost savings. That may be changing." The Washington Post, Aug 2, 2017," https://www.washingtonpost.com/business/economy/the-generic-drug-industry-has-brought-huge-cost-savings-that-may-be-changing/2017/08/01/ee128d0a-68cf-11e7-8eb5-cbccc2e7bfbf_story.html?utm_term=.3cb8db13c9fe

87. Gorenstein, Dan. "Why Pharma Companies Are Bowing Out Of Generics," Marketplace, Aug 2, 2017, Https://Www.Marketplace.Org/2017/08/02/Health-Care/Drug-Prices-Why-Pharma-Companies-Are-Bowing-Out-Generics

88. Johnson, Carolyn Y. "Low Supplies, Price Spikes Limit Cost Savings Of Generic Drugs," The Washington Post, Aug 02, 2017. Https://Search-Proquest-Com.Proxy.Uchicago.Edu/Docview/1925053207?Accountid=14657

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91. "Proposed Ordinance To Keep Close Watch On Rising Drug Prices In Chicago," CBS, Chicago, Aug 8, 2017. Http://Chicago.Cbslocal.Com/2017/08/08/Ordinance-Drug-Prices/

92. "Financial Toxicity: Cancer Supportive Care Professionals Consider The Side Effects Of Soaring Costs," The Asco Post, Aug 10, 2017. Http://Www.Ascopost.Com/Issues/August-10-2017/Financial-Toxicity-Cancer-Supportive-Care-Professionals-Consider-The-Side-Effects-Of-Soaring-Costs/

93. Lupkin, Sydney. "Rising Price Of Old Drugs Costs Medicaid Billions," The Daily Beast, Aug 11, 2017. Https://Search-Proquest-Com.Proxy.Uchicago.Edu/Docview/1927914097?Accountid=14657

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95. Lupkin, Sydney. "Climbing Cost Of Decades-Old Drugs Threatens To Break Medicaid Bank," Tca News Service, Aug 15, 2017. Https://Search-Proquest-Com.Proxy.Uchicago.Edu/Docview/1928614751?Accountid=14657

96. Lupkin, Sydney. "Climbing Cost Of Decades-Old Drugs Threatens Medicaid," Tca News Service, Aug 23, 2017. Https://Search-Proquest-Com.Proxy.Uchicago.Edu/Docview/1931123919?Accountid=14657

97. Johnson, Carolyn Y. "Sen. Bill Cassidy, A Liver Doctor, Grapples With Louisiana's Liver Disease Crisis," The Washington Post, 2017. Https://Search-Proquest-Com.Proxy.Uchicago.Edu/Docview/1916094556?Accountid=14657

98. Greene, Jeremy A. "Don't Let Pharma Take Down A New Maryland Price Gouging Law," The Washington Post, Sep 8, 2017. Https://Www.Washingtonpost.Com/Opinions/Dont-Let-Big-Pharma-Take-Down-A-New-Maryland-Price-Gouging-Law/2017/09/08/73a50630-8d99-11e7-84c0-02cc069f2c37_Story.Html?Utm_Term=.6c6d9a758850

99. Johnson, Carolyn Y. "Pfizer Sues Johnson & Johnson, Alleging Anticompetitive Practices To Maintain A Drug Monopoly," The Washington Post, Sep 20, 2017. Https://Www.Washingtonpost.Com/News/Wonk/Wp/2017/09/20/Pfizer-Sues-Johnson-Johnson-Alleging-Anticompetitive-Practices-To-Maintain-A-Drug-Monopoly/?Utm_Term=.7a3e0304257e

100. Ross, Casey. "Trump takes on hospitals: the facts behind fight over 340B drug discounts," Statnews. November 6, 2017. Available at: https://www.statnews.com/2017/11/06/340b-drug-discounts-fight/

101. Evans, Melanie. "Judge Dismisses Hospital-Industry Suit That Attempted to Stop Medicare-Subsidy Cuts," Wall Street Journal. December 29, 2017. Available at: https://www.wsj.com/articles/judge-dismisses-hospital-industry-suit-that-attempted-to-stop-medicare-subsidy-cuts-1514591994

(f) Manuscripts not yet public.

1. Berndt ER, **RM CONTI**, SJ Murphy. "The Landscape of US Generic Prescription Drug Markets, 2004-2016," Under review.
2. **RM CONTI.** "Price effects of supplier consolidation in a complex market: prescription drug-based cancer care," in preparation
3. Berndt ER, **RM CONTI** "Generic drug manufacturer exits from the U.S. market," in preparation.

HONORS, PRIZES, AND AWARDS

2003-2004 U.S. Bureau of Labor Statistics, Price Index Research Division, Predoctoral Fellowship, Washington, DC.

2004-2005 National Institutes of Mental Health, Ruth L. Kirschstein Individual Predoctoral Fellowship, Cambridge, MA.

2007 Alan Williams Fellowship in Health Economics, University of York, UK.

INVITED SPEAKING

Extramural

Peer review selected:

1. 2011 "The effect of FDA advisories on branded pharmaceutical firms," Pharmaceutical Economics and Policy Conference (PEPC), Miami, FL, May.
2. 2011 "The effect of FDA advisories on branded pharmaceutical firms," International Health Economics Association, Annual Meeting, Toronto, CA, July.
3. 2011 Organized Saturday Symposium, "The Discovery, Financing and Evaluation of Genomic Medicine: Implications for Cancer Care," Annual Society for Medical Decision Making, Toronto, Canada, October.
4. 2012 "Anatomy of U.S. Cancer Drug Shortages," Global Health Economics Forum, Amsterdam, NE, June.
5. 2012 "The effect of FDA advisories on branded pharmaceutical firms," American Health Economics Association Annual Meeting, Minneapolis, MN, July.
6. 2013 "Anatomy of U.S. Cancer Drug Shortages," National Bureau of Economic Research, Industrial Organization Seminar, Cambridge, MA, February.
7. 2013 "Anatomy of U.S. Cancer Drug Shortages," Petrie Flom Center, Harvard Law School, Law and Economics Conference on the FDA, Cambridge, MA, May.
8. 2013 "Anatomy of U.S. Cancer Drug Shortages," 2013 Industry Studies Conference, Supply Chain Response: Dealing with Disruption, Shortages, and Uncertainty, Kansas City, MO, June.
9. 2013 "Anatomy of U.S. Cancer Drug Shortages," Massachusetts Institute of Technology, Sloan School of Business, micro@sloan Conference, Cambridge, MA, August.
10. 2014 "Are new drugs more expensive than old ones? Trends in the benefit-adjusted launch prices of anticancer drugs, 1995–2013," 2014 American Society of Clinical Oncology Annual Meeting; May 2014; Abstract published in J Clin Oncol 2014:32:5s (suppl; abstr 6525), Chicago, IL, June.
11. 2014 "The Intended and Unintended Consequences of 340B Program Expansions," Bates White Life Sciences Symposium, Washington, DC, June.

12. 2014 “Specialty drug prices and utilization after loss of U.S. patent exclusivity, 2001-2007,” American Society of Health Care Economists, LA, CA. June.
13. 2014 Co-organized session (with ER Berndt). “The Economic Causes and Consequences of US Drug Shortages,” American Society of Health Care Economists, LA, CA, June. Program available: https://ashecon.confex.com/ashecon/2014/webprogram/Session1339.html
14. 2014 “Who makes this drug? Challenges in assessing biopharmaceutical industry structure and conduct,” Society for Economic Measurement annual meeting, Chicago, IL, August.
15. 2014 “Estimating the cost-effectiveness of tyrosine kinase inhibitor treatment strategies for newly diagnosed chronic myeloid leukemia in chronic phase following imatinib’s generic entry in the U.S.,” 16th Annual John Goldman Conference, Philadelphia, PA, September.
16. 2014 “Estimating the cost-effectiveness of tyrosine kinase inhibitor treatment strategies for newly diagnosed chronic myeloid leukemia in chronic phase following imatinib’s generic entry in the U.S,” American Society of Hematologists annual meeting, San Francisco, CA, December.
17. 2015 “The ACA’s effect on outpatient medical practice consolidation: likely price and quality outcomes,” ACA Policy Diffusion Project, Robert Wood Johnson Foundation Conference: Diffusion of ACA Policies across the American states: What? How? Why?, Chicago, IL, June.
18. 2015 “Estimating the cost-effectiveness of tyrosine kinase inhibitor treatment strategies for newly diagnosed chronic myeloid leukemia in chronic phase following imatinib’s generic entry in the U.S,” International Health Economics Association, Annual Meeting, Podium presentation, Economics of Cancer, Milan, Italy, July.
19. 2015 “Specialty drug prices and utilization after loss of U.S. patent exclusivity, 2001-2007,” International Health Economics Association, Annual Meeting, Podium presentation, Economics of Pharmaceuticals, Milan, Italy, July.
20. 2015 “A Tale of Two (Drug) Prices,” Society for Economic Measurement annual meeting, Paris, France, July.
21. 2015 “The impact of provider consolidation on outpatient cancer care prices,” National Academy for State Health Policy annual conference, Dallas, TX, October.
22. 2015 “Provider consolidation and outpatient cancer care prices,” National Academy for State Health Policy webinar, December.
23. 2016 “The impact of provider consolidation on outpatient cancer care prices,” Healthcare Markets Conference, Kellogg School of Management, Northwestern University, Evanston, IL, April.
24. 2016 “Patient Medication Adherence among HIV/AIDS Patients Receiving 340B-purchased Antiretroviral Medications,” International Society for Pharmacoeconomics and Outcomes Research, Washington, DC, May.
25. 2016 “Drug prices - Follow the Money—How Costs and Payments Impact Diabetes Care,” American Diabetes Association, Annual Meeting, Scientific Sessions, New Orleans, LA, June.

26. 2016 “The economics of drug shortages,” Organized session, Ashecon, Philadelpha, PA, June.
27. 2016 “The impact of provider consolidation on outpatient cancer care prices,” Ashecon, Philadelpha, PA, June.
28. 2016 “A tale of two drug prices,” Ashecon, J Philadelpha, PA, June.
29. 2016 “Medication Adherence among 340B Patients with Hypertension, Hyperlipidemia, and Diabetes,” Academy health annual meeting, Boston, MA, June.
30. 2016 “Generic drug prices rise worldwide, why?” Society for Economic Measurement annual meeting, Thessolonki, Greece, July.
31. 2017 “GDUFA reauthorization: economic perspective,” Bates White Conference, Washington, DC, May.
32. 2017 “Hot spots and bad actors: prescription drug price trends 2012-2014,” IMS Health Institute Research Forum, Boston, MA, May.
33. 2017 “Hot spots and bad actors: prescription drug price trends 2012-2014,” Academy Health Annual Meeting, New Orleans, LA, June.
34. 2018 “Prices of and spending on outpatient prescription drug based cancer care after physician consolidation with health systems,” ASSA, Philadelphia, PA, January.

Invited:

8. 2011 “The effect of FDA advisories on branded pharmaceutical firms,” United States Food and Drug Administration, Washington, DC, May.
9. 2011 “The economics of comparative effectiveness studies: societal and private perspectives and their implications for prioritizing public investments in comparative effectiveness research,” Decide Network, Health Economics Seminar, Chicago, IL, May.
10. 2011 “Antidepressant Treatment and Suicide Attempts in Children and Adolescents,” Columbia University, School of Public Health, Department of Health Policy and Management, New York, NY, June.
11. 2011 “The effect of FDA advisories on branded pharmaceutical firms,” DePaul University, Economics Department, Chicago, IL, October.
12. 2011 “Infused chemotherapy use following patent expiration among individuals aged 65 and older,” Chicago Council of Science and Technology Symposium, Chicago, IL, November.
13. 2011 “The economic, legal and scientific implications of gene patents,” Chicago Council of Science and Technology Symposium, Chicago, IL, November.
14. 2012 “Anatomy of U.S. Cancer Drug Shortages,” Massachusetts Institute of Technology, Sloan School of Management, Cambridge, MA, May.

15. 2013 “Show Me the Money: Reimbursement in an ACA World,” 2014 BIO International Convention, New York, New York, February, Webcast available: https://www.youtube.com/watch?v=j6cEZQ22woI
16. 2013 “The Intended and Unintended Consequences of 340B Program Expansions,” 2013 Bio International Convention, Payer Reimbursement and Drug Shortages Sessions, Chicago, IL, April.
17. 2013 “Economic Issues Underlying Recent Drug Shortages in the US,” 2013 Bio International Convention, Payer Reimbursement and Drug Shortages Sessions, Chicago, IL, April.
18. 2013 “Anatomy of U.S. Cancer Drug Shortages,” Massachusetts Institute of Technology, Sloan School of Management, Cambridge, MA, April.
19. 2013 “The Financing and Organization of Rare Disease Pharmacotherapy,” Genzyme, Global Health Policy Symposium, Approaches to Value and Modeling in Rare Diseases, Cambridge, MA, May.
20. 2013 “Anatomy of U.S. Cancer Drug Shortages,” United States Government Accountability Office, Washington, DC, June.
21. 2013 “Anatomy of U.S. Cancer Drug Shortages,” United States Bureau of Economic Analysis, Washington, DC, November.
22. 2013 “Trends and determinants of novel anti-cancer drug launch prices in the United States,” University of North Carolina Chapel Hill, Health Policy and Management, Chapel Hill, NC, December.
23. 2014 “Specialty drug prices and utilization after loss of U.S. patent exclusivity, 2001-2007,” Pfizer health economics seminar, New York, New York, May.
24. 2014 “Bending the cost curve in cancer treatment: the ACA and beyond,” ASCO annual meeting, Chicago, IL, May.
25. 2014 “Pricing in the Market for Anticancer Drugs,” NCI and Accenture Strategic Panel on Life Science Innovation. Chicago, IL, May.
26. 2014 “The Intended and Unintended Consequences of 340B Program Expansions,” Institute of Medicine, National Cancer Policy Forum Workshop. Ensuring Patient Access to Cancer Drugs, Washington, DC, June. Webcast available: https://www.iom.edu/Activities/Disease/NCPF/2014-JUN-09.aspx
27. 2014 “Bending the cost curve in cancer treatment: the ACA and beyond,” Best of ASCO annual meeting, Seattle, Washington, August.
28. 2014 “Specialty Drug Spending,” Accenture Life Sciences annual meeting, Washington, DC, October.
29. 2014 “National Trends in Spending on and Use of Oral Oncologics, 2006-2011,” Health Affairs briefing: Specialty Pharmaceuticals, October.

30. 2014 “The 340B drug discount program: hospitals generate profits by expanding to reach more affluent communities,” Health Affairs briefing: Specialty Pharmaceuticals, October.
31. 2014 “Pricing in the Market for Anticancer Drugs,” MIT Sloan School of Business CANCER Rx conference, Boston, MA, October.
32. 2014 “Pricing in the Market for Anticancer Drugs,” Health economics seminar. University of Iowa, Department of Economics, November.
33. 2014 “Access to and Value of Treatment Innovation in Blood Cancers,” American Cancer Society CRP Cancer Care Delivery Research Committee, Chicago, IL, November.
34. 2014 “Pricing in the Market for Anticancer Drugs,” UCLA Seminar on Pharmaceutical Economics and Policy, Los Angeles, CA, December.
35. 2015 “Ebola-economics,” The Cost of Health Crisis: Measuring the Economic and Human Toll of Pandemics,” Illinois Humanties Council, Chicago, IL. January. Webcast available: http://cantv.org/watch-now/the-cost-of-health-crisis-measuring-the-economic-and-human-toll-of-pandemics/
36. 2015 “Pricing in the Market for Anticancer Drugs,” University of Illinois Chicago, Pharmacy Systems, Outcomes and Policy lunchtime seminar, Chicago, IL. January.
37. 2015 “Bending Medicare’s Cost Curve in Cancer Care,” Grand Rounds Invited Speaker, Winship Cancer Institute, of Emory University, Atlanta, Georgia, May.
38. 2015 “Specialty drug prices and utilization after loss of U.S. patent exclusivity, 2001-2007,” Health Economics Workshop, Emory University Rollins School of Public Health, Atlanta, Georgia, May.
39. 2015 “Health Economist's View of Value-Based Care,” ASCO annual meeting, “Alternatives to ASP-Plus-Six: What Are the Options?”, Chicago, IL May.
40. 2015 “Changing the incentives for specialty drug development,” Keynote Speaker, Sachs Immuno-Oncology: BD&L and Investment Forum, Chicago, IL, May.
41. 2015 “Criteria needed to be implemented before making innovative drug pricing a reality,” NCI and Accenture Strategic Panel on Life Science Innovation. Chicago, IL, May.
42. 2015 “Who makes this drug? The public costs of keeping the identity of generic biopharmaceutical manufacturers secret,” Public Hearing on the 2015 Generic Drug User Fee Act Regulatory Science Initiatives Part 15, US Food and Drug Administration, White Oak, MD, June.
43. 2015 “Pricing for Value: Specialty Drugs,” Paying for Value: Policy Options for Managing the Cost of PCSK9 Inhibitors and Other Specialty Drugs. The Pew Charitable Trusts, Washington, DC, October.
44. 2016 “Generic drug prices rise, why?” US Senate Health Education Labor and Pensions Subcommittee, health policy staff conference, Washington, DC, January.

45. 2016 “Cancer drugs: the economics of access and affordability,” The Leukemia & Lymphoma Society, Thought Leadership Roundtable, “Blood Cancers: Standards of Care, Gateways to Cancer Cures”, Invited panelist, February.
46. 2016 “Cancer drugs: the economics of access and affordability,” Vanderbilt University School of Medicine, Department of Health Policy, “Special Lecture Series on Value in Oncology Care,” Invited panelist, March.
47. 2016 “The ACA’s effect on oncology practice consolidation: the prices of outpatient cancer treatments,” Invited talk for the Robert Wood Johnson Health Policy Scholars, University of Michigan, Ann Arbor, MI, April.
48. 2016 “The impact of provider consolidation on outpatient cancer care prices,” Johns Hopkins University School of Public Health, Baltimore, MD, April.
49. 2016 “The economics of specialty drug spending: opportunities for reform,” American Medical Association, leadership policy committee, Chicago, IL, June.
50. 2016 Invited panelist, Doctors for America webinar, “Drug prices: Value, Affordability, and Advocacy”, June.
51. 2016 “The economics of specialty drug spending: opportunities for reform,” Invited workshop, Senator Bill Cassidy and health policy staff, Washington, DC, July.
52. 2016 “The economics of specialty drug spending: opportunities for reform,” Invited workshop, Senator Al Franken and health policy staff, Washington, DC, July.
53. 2016 “The economics of specialty drug spending: opportunities for reform and research,” University of Colorado, Department of Medicine, Denver, CO, July.
54. 2016 “Prescription drug prices: the promises and perils of alternative payment models,” Leadership Consortium for a Value & Science-Driven Health System, National Academy of Medicine, September.
55. 2016 Discussion comments on “Pass-Through in a Highly Regulated Supply Chain,” 27th Annual Health Economics Conference, Vanderbilt University, Nashville, TN, October.
56. 2016 “The economics of specialty drug spending: opportunities for reform,” Manhatten Institute, New York, NY, November.
57. 2016 “Financing the safety net: now and in the future,” University of Kansas Medical Center, Medical Care Executive Training Program, Kansas City, KS, November.
58. 2016 “The prices of outpatient prescription drug based cancer care after physician consolidation with health systems,” University of Kansas Medical Center, Health Policy Research Group, presentation followed by panel discussion, Kansas City, KS, November.
59. 2016 “The economics of medical practice consolidation,” Large Urology Group Practice Association Annual meeting, Chicago, IL, November.

60. 2017 “Ensuring Access to HIV & Hepatitis C Treatment: Economic challenges and opportunities,” President’s Advisory Commission on HIV/AIDs, Washington, DC, March.
61. 2017 “High prescription drug prices: causes, consequences, reform opportunities,” Columbia University School of Public Health and Comprehensive Cancer Center, New York, New York, April.
62. 2017 “High prescription drug prices: what should employers do to curb spending?” National Business Group on Health Roundtable Discussion, Washington, DC, April.
63. 2017 “Price estimates for HCV prescription drug-based treatments under 1498,” Hepatitis C Treatment and Section 1498 Meeting, Webcast. Johns Hopkins University School of Public Health, Baltimore, MD, April.
64. 2017 Discussant on “Consumer learning and the entry of generic pharmaceuticals,” Midwest Health Economics Conference, Minneapolis, MN, May.
65. 2017 “Cancer economics in the Trump years,” ASCO annual meeting, Chicago, IL, June.
66. 2017 “Prescription Drug Reimbursement Opportunities and Challenges in 2017-2018,” Sachs Associates: Immuno-oncology Investor Forum, Chicago, IL, June.
67. 2017 “High prescription drug prices: causes, consequences, reform opportunities,” Altarum Center for Sustainable Health Spending Presents: Beyond the ACA: Health Policy and Sustainable Health Spending, Washington, DC, July.
68. 2017 “Value assessments are a necessary, not sufficient condition to ensure access to new prescription drugs,” Health Affairs/Project Hope Policy Forum: Understanding the Value of Innovations in Medicine, Washington, DC, September.
69. 2017 “High prescription drug prices: Balancing access and affordability,” Washington State Medical Oncology Society, Seattle, WA, October.

INTRAMURAL SPEAKING - The University of Chicago

1. 2011 “How do initial signals of quality influence the diffusion of new medical products? The case of new cancer treatments,” The University of Chicago, Section of Hematology/Oncology, Research Seminar Series, April.
2. 2011 “Infused chemotherapy use following patent expiration among individuals aged 65 and older,” The University of Chicago, Health Economics Workshop, May.
3. 2011 “The effect of FDA advisories on branded pharmaceutical firms,” The University of Chicago, Health Economics Workshop, October.
4. 2012 “The impact of FDA regulatory actions on bevacizumab use for breast cancer,” The University of Chicago, Cancer Economics Lunchtime Seminar, April.
5. 2012 “The prevalence of on-label use of patent protected anti-cancer drugs,” The University of Chicago, Health Economics Workshop, April.

6. 2012 "Anatomy of U.S. Cancer Drug Shortages," The University of Chicago, Cancer Economics Lunchtime Seminar, November.
7. 2013 "Anatomy of U.S. Cancer Drug Shortages," The University of Chicago, Cancer Economics Lunchtime Seminar, March.
8. 2013 "Trends and determinants of novel anti-cancer drug launch prices in the United States," The University of Chicago, Health Economics Workshop, April.
9. 2014 "Bending the cost curve in cancer treatment: the ACA and beyond," Health reform: Maclean Center Seminar Series, February.
10. 2014 "Specialty drug prices and utilization after loss of U.S. patent exclusivity, 2001-2007," Cancer Economics Lunchtime Seminar, March.
11. 2014 "Pricing in the Market for Anticancer Drugs," 2014 Symposium on Pharmaceutical Policy and Vulnerable Populations, September.
12. 2015 "Cures for high and growing spending on pharmaceuticals," Grand Rounds, Pritzker School of Medicine, August.
13. 2015 "The economics and financing of prescription drug supply chains," Annual Healthcare Conference moderator, Booth School of Business, October.
14. 2015 "The impact of provider consolidation on outpatient cancer care prices," Cancer Health Policy Seminar, December.
15. 2016 Panelist, "Government Regulation in Pharmaceutical Pricing: Too much or too little," Chicago Booth's 15th Annual Healthcare Conference, November.
16. 2016 Panelist, "What's Next for Obamacare? The Future of Insurance Coverage and Healthcare," Booth Health Care Group and The Graduate Program in Health Administration and Policy, December.
17. 2017 Panelist, "What's Next for Obamacare? The Future of Insurance Coverage and Healthcare," Undergraduate Interest Group in Health Policy and The Graduate Program in Health Administration and Policy, April.
18. 2017 Debate moderator, "What's next for health insurance?" Chicago Booth's 16th Annual Healthcare Conference, November.
19. 2017 Invited Respondent on "Moral Failure and Health Care Costs: How the Political System Gets Health Care Wrong," Jeffery Goldsmith, November.

EDUCATION

The College (AB, BA, BS):

2002-2004 EC 24: Health Economics, Teaching Fellow with David Cutler, Harvard College. 2-1.5 hour sections/week. Fall semester.

2011, 2014, 2016	BIOS 29294: Introduction to Global Health, Guest Lecturer (3 days, 1.5 hour sessions) investments in health, the financing and organization of vaccine development. S. Olopade & J. Schneider. Winter quarter.
2017	PBHS 38010: Introduction to Health Economics, Course Co-director with R. Tamara Konetzka), 2-1.5 hour sections/week. Winter quarter.

Graduate programs (MS, MAPP, PhD):

Didactic

2002	Teaching Fellow with Joseph Newhouse, Health Policy, Kennedy School of Government, Harvard University; 3-2 hour sessions/week. Spring semester.
2007-pres	CCTS 45200: Fundamentals of Health Services Research: Theory, Methods and Applications. 1-4 1.5-hour sessions/year on the Fundamentals of Health Economics, Health Reform and the Economics and Regulation of the Biopharmaceutical Industry. Summer quarter.
2009-2014, 2016	PPHA 42610/CCTS 40002 Biomedical Tech: Innovation, Investment and Management, Course Director, 1-3 hour session/week. Spring quarter.
2009-pres	CABI 47500/CCTS 40001: Pharmacogenomics. The economics of genetic tests and treatments in Clinical Pharmacogenomics, 1-1.5 hour lecture. E. Dolan. Spring quarter.
2011, 2015, 2016	HSTD 38400: Advanced Topics in Health Economics, Course Co-director with R. Tamara Konetzka, 2-1.5 hour sections/week. Fall quarter.
2017, 2018	PBHS 38010: Introduction to Health Economics. Course Co-director with R. Tamara Konetzka, 2-1.5 hour sections/week. Winter quarter. (Please note this course is also listed above).
2018	PPHA 42620: Biopharmaceutical Technology: Innovation, Investment & Strategy. Course director, 3 hour lectures/week. Spring quarter.

Graduate medical education (residency and clinical fellowships):

Didactic

2007	CCTS 45200: Fundamentals of Health Services Research: Theory, Methods and Applications. 1-4 1.5-hour sessions/year on the Fundamentals of Health Economics, Health Reform and the Economics and Regulation of the Biopharmaceutical Industry. Summer quarter. (Please note this course is also listed above).
2011	CTSA 1: The commercialization of biomedical technologies at academic research institutions, 1.5 hour/week, Course Director, Winter quarter.

SERVICE INTRAMURAL - The University of Chicago

Committee membership:

2007- Committee, University of Chicago, Biological Sciences Division, Institutional Review Committee C

Center and program membership:

2006- Center for Health and the Social Sciences

2008- The Graduate Program on Health Administration and Policy

2013- Center for Translational and Policy Research of Chronic Diseases

Leadership:

September 2006- Co-organizer of Health Economics Workshop, Harris School of Public Policy

January 2010-2016 Pediatrics Department, Director of Health Economics residents and fellows training program (joint with Harris School of Public Policy)

September 2010-2017 Co-organizer of Cancer Health Economics and Policy Workshop, University of Chicago Comprehensive Cancer Center

2010-2017 Department of Public Health Sciences, PhD Admissions Committee, Ad hoc member

May 2013-2016 Biological Sciences Division, Diversity and Inclusion Plan Strategy Team leader

June 2016-2017 Director of Public Policy and Health Economics residents and fellows training program, Pediatrics Department (joint with Harris School of Public Policy)

TESTIMONY

July and September 2017: *In re Asacol Antitrust Litigation,* United States District Court for the District of Massachusetts, Civil Action No. 1:15-cv-12730 (DJC) (written report, deposition)

September 2014: *In re Prandin Direct Purchaser Antitrust Litigation*, United States District Court for the Eastern District of Michigan, C.A. No. 2:10-cv-12141-AC-DAS (written declaration)

May 2014: *United States of America, et al. vs. Organon USA, Inc., et al.*, United States District Court for the District of Massachusetts, Civil No 07-12153-RWZ (written report, deposition)

February 2014: *Beverly Crawford, et al. v. Forest Pharmaceuticals, Inc.*, Missouri Circuit Court, Twenty-Second Judicial Circuit (City of St. Louis), Cause No. 0922-CC08347, Division 1(declared expert, deposition)

July 2012: *Robert F. Bach, et al. v. Amedisys, Inc., et al.*, United States District Court for the Middle District of Louisiana, Civil Action No. 10-395-BAJ-CN (written declaration).

December 2011: *In re Androgel Antitrust Litigation*, United States District Court for the Northern District of Georgia, Atlanta Division, Case No. 1:09-MD-2084-TWT (written declaration,deposition)

December 2011: "An economic assessment of the causes and policy implications of current specialty drug shortages," Testimony in front of the Senate Finance Committee, Drug Shortages: What causes them and what can we do about them?

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Attachment B

Attachment B: Materials Considered

Legal Documents

At-Issue Drug NDC list from Counsel, March 23, 2018.

Defendant's Updated Objections and Responses to Plaintiffs' First Set of Interrogatories, 1, 3, 4, *In Re Blue Cross Blue Shield Association, et al. v. GlaxoSmithKline LLC,* January 25, 2018.

Defendant's Updated Objections and Responses to Plaintiffs' Interrogatory No. 4, *In Re Blue Cross Blue Shield Association, et al. v. GlaxoSmithKline LLC,* May 11, 2018.

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Deposition of Dorinda Fay Cale, *In Re Blue Cross Blue Shield Association, et al. v. GlaxoSmithKline LLC,* March 2, 2018.

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Deposition of Mollie Carby, *In Re Blue Cross Blue Shield Association, et al. v. GlaxoSmithKline LLC,* January 30-31, 2018.

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Deposition of Sarah Marche, *In Re Blue Cross Blue Shield Association, et al. v. GlaxoSmithKline LLC,* February 13, 2018.

Deposition of Steven Lee Broudy, *In Re Blue Cross Blue Shield Association, et al. v. GlaxoSmithKline LLC,* February 27, 2018.

Deposition of Thomas J. Kowalski, *In Re Blue Cross Blue Shield Association, et al. v. GlaxoSmithKline LLC,* January 24, 2018.

Deposition of Thomas Jeffrey White, *In Re Blue Cross Blue Shield Association, et al. v. GlaxoSmithKline LLC,* February 22, 2018.

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Electronic Data

- **Aetna, Inc.** – Aetna new claims data for 2000 and 2002-2005 (Aetna00015171); Aetna new replacement claims data 2001 (Aetna00015171(A)).

- **AvMed Health Plans** – AvMed new claims data (AvMed00001284).

- **Blue Cross Blue Shield of Alabama** – Blue Cross Blue Shield Alabama new replacement claims data (BCBS-AL00002067).

- **Blue Cross Blue Shield Association** – Blue Cross Blue Shield Association old claims data (BCBS-Assoc00000001-20).

- **Blue Cross and Blue Shield of Florida, Inc.** – Blue Cross and Blue Shield of Florida new claims data (BCBS-FL00002983).

- **Blue Cross and Blue Shield of Kansas City** – Blue Cross and Blue Shield of Kansas City new claims data (BCBS-KC00018504).

- **Blue Cross Blue Shield of Massachusetts** – Blue Cross and Blue Shield Massachusetts new replacement claims data (BCBS-MA00142032).

- **Blue Cross Blue Shield of Minnesota** – Blue Cross Blue Shield Minnesota new claims data (BCBS-MN00005607).

- **Blue Cross and Blue Shield of North Carolina** – Blue Cross and Blue Shield of North Carolina new claims data (BCBS-NC00014463).

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- **Blue Cross Blue Shield South Carolina** – Blue Cross Blue Shield South Carolina new claims data (BCBS-SC00001773).

- **Blue Cross Blue Shield of Tennessee** – Blue Cross Blue Shield of Tennessee old claims data for 2000-2002 (BCBS-TN00000001-2); Blue Cross Blue Shield of Tennessee new claims data for 2003-2005 (BCBS-TN00123967).

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- **Caring for Montanans (Blue Cross Blue Shield Montana)** – Caring for Montanans old claims data for 2000-2001 (CareMT00000001-2); Caring for Montanans new claims data for 2002-2005 (CareMT00005169).

- **Connecticut General Life Insurance Company (Cigna)** – Connecticut General Life Insurance Company new replacement claims data (Cigna00004973).

- **EmblemHealth** – EmblemHealth new claims data (Emblem00000240).

- **Government Employees Health Association** – Government Employees Health Association new claims data (GEHA00002287).

- **Group Health Cooperative** – my analysis of Group Health Cooperative utilizes data from two separate Group Health Cooperative subsidiaries:

    - **Group Health Cooperative –** Group Health Cooperative new claims data (GHC00000728).

- **KPS Health Plans** – KPS Health Plans old claims data (KPS00000001).

- **Health Net, Inc.** – Health Net, Inc. new replacement claims data (HNet00088537).

- **HealthNow New York, Inc.** –HealthNow New York, Inc. new claims data (HNow-NY00000337).

- **Highmark Inc. –** my analysis of Highmark Inc. utilizes data from three separate Highmark subsidiaries:

  - **Blue Cross Blue Shield of Delaware** – Blue Cross Blue Shield of Delaware new replacement claims data (Highmark00015928).

  - **Highmark Inc. (Highmark PA)** – Highmark Inc. new claims data (Highmark00001484).

  - **Highmark West Virginia, Inc. (Highmark Blue Cross Blue Shield West Virginia)** – Highmark West Virginia, Inc. new claims data (Highmark00002647).

- **Horizon Blue Cross Blue Shield of New Jersey** – Horizon Blue Cross Blue Shield of New Jersey old claims data for 2000-2001 (Horizon00001291); Horizon Blue Cross Blue Shield of New Jersey new claims data for 2002-2005 (Horizon00053096).

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- **Premera Blue Cross** – Premera Blue Cross old claims data for 2000-2003 (Premera00000001-2); Premera Blue Cross new claims data for 2004-2005 (Premera00010399).

- **Priority Health** – Priority Health new claims data (Priority00001013).

- **The Regence Group** – The Regence Group new claims data (RegenceCam00427554).

- **Usable Mutual Insurance Company (Arkansas Blue Cross and Blue Shield/HMO Partners, Inc./Health Advantage)** – Usable Mutual Insurance Company new claims data (UMIC00000152).

- **Wellcare Health Plans, Inc.** – Wellcare Health Plans, Inc. old claims data (WellCare00000001).

- **Wellmark, Inc. (Wellmark Health Plans of Iowa, Inc./Wellmark Blue Cross and Blue Shield)** – Wellmark's new claims data (Wellmark00003000).

- **Wellpoint, Inc. (Amerigroup HMS/Anthem)** – my analysis of Wellpoint, Inc. utilizes data from three separate Wellpoint, Inc. subsidiaries:

    - **Wellpoint, Inc./Anthem** – Wellpoint, Inc. new replacement claims data (WellPoint00142982(a)); Wellpoint, Inc. new supplemental claims data (WellPoint00253622).

    - **Amerigroup** – Amerigroup new claims data (WellPoint00253519).

Attachment C

Attachment C- List of At-Issue NDCs including Drug, Form, Route and Strength with Annual Percentages of Product Manufactured at Cidra

NDC	Clean Drug Name	Form	Route	Strength	2000	2001	2002	2003	2004	2005
00007550040	ALBENZA	TABLET	ORAL	200MG	100%	100%	100%	100%	100%	46%
00007316618	AVANDAMET	TABLET	ORAL	1MG/500MG	0%	0%	100%	100%	100%	100%
00007316620	AVANDAMET	TABLET	ORAL	1MG/500MG	0%	0%	100%	100%	100%	100%
54868537900	AVANDAMET	TABLET	ORAL	1MG/500MG	0%	0%	100%	100%	100%	100%
00007316318	AVANDAMET	TABLET	ORAL	2MG/1000MG	0%	0%	0%	100%	100%	98%
54868537600	AVANDAMET	TABLET	ORAL	2MG/1000MG	0%	0%	0%	100%	100%	98%
00007316718	AVANDAMET	TABLET	ORAL	2MG/500MG	0%	0%	100%	100%	100%	100%
00007316720	AVANDAMET	TABLET	ORAL	2MG/500MG	0%	0%	100%	100%	100%	100%
54569560300	AVANDAMET	TABLET	ORAL	2MG/500MG	0%	0%	100%	100%	100%	100%
54868496500	AVANDAMET	TABLET	ORAL	2MG/500MG	0%	0%	100%	100%	100%	100%
54868496501	AVANDAMET	TABLET	ORAL	2MG/500MG	0%	0%	100%	100%	100%	100%
54868496502	AVANDAMET	TABLET	ORAL	2MG/500MG	0%	0%	100%	100%	100%	100%
68115089160	AVANDAMET	TABLET	ORAL	2MG/500MG	0%	0%	100%	100%	100%	100%
00007316418	AVANDAMET	TABLET	ORAL	4MG/1000MG	0%	0%	0%	100%	100%	67%
12280000360	AVANDAMET	TABLET	ORAL	4MG/1000MG	0%	0%	0%	100%	100%	67%
54868526200	AVANDAMET	TABLET	ORAL	4MG/1000MG	0%	0%	0%	100%	100%	67%
54868526201	AVANDAMET	TABLET	ORAL	4MG/1000MG	0%	0%	0%	100%	100%	67%
00007316818	AVANDAMET	TABLET	ORAL	4MG/500MG	0%	0%	100%	100%	100%	100%
00007316820	AVANDAMET	TABLET	ORAL	4MG/500MG	0%	0%	100%	100%	100%	100%
12280000460	AVANDAMET	TABLET	ORAL	4MG/500MG	0%	0%	100%	100%	100%	100%
54868515700	AVANDAMET	TABLET	ORAL	4MG/500MG	0%	0%	100%	100%	100%	100%
00029315818	AVANDIA	TABLET	ORAL	2MG	100%	100%	100%	100%	95%	100%
54569480100	AVANDIA	TABLET	ORAL	2MG	100%	100%	100%	100%	95%	100%
54868524900	AVANDIA	TABLET	ORAL	2MG	100%	100%	100%	100%	95%	100%
54868524901	AVANDIA	TABLET	ORAL	2MG	100%	100%	100%	100%	95%	100%
58016008200	AVANDIA	TABLET	ORAL	2MG	100%	100%	100%	100%	95%	100%
58016008260	AVANDIA	TABLET	ORAL	2MG	100%	100%	100%	100%	95%	100%
68115071260	AVANDIA	TABLET	ORAL	2MG	100%	100%	100%	100%	95%	100%
00029315900	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
00029315913	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
00029315918	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
00029315920	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
12280006200	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%

Attachment C- List of At-Issue NDCs including Drug, Form, Route and Strength with Annual Percentages of Product Manufactured at Cidra

NDC	Clean Drug Name	Form	Route	Strength	2000	2001	2002	2003	2004	2005
12280006230	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
49999030430	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
54569480200	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
54868419800	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
54868419801	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
57866006908	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
57866006909	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
57866126402	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
58864068730	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
58864068760	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
58864082730	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
58864082760	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
65243019509	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
65243019512	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
67544011360	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
67544011380	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
68258911601	AVANDIA	TABLET	ORAL	4MG	100%	100%	100%	100%	99%	100%
00029316013	AVANDIA	TABLET	ORAL	8MG	100%	100%	100%	100%	100%	100%
00029316020	AVANDIA	TABLET	ORAL	8MG	100%	100%	100%	100%	100%	100%
00029316059	AVANDIA	TABLET	ORAL	8MG	100%	100%	100%	100%	100%	100%
12280007830	AVANDIA	TABLET	ORAL	8MG	100%	100%	100%	100%	100%	100%
54569480300	AVANDIA	TABLET	ORAL	8MG	100%	100%	100%	100%	100%	100%
54868422100	AVANDIA	TABLET	ORAL	8MG	100%	100%	100%	100%	100%	100%
55289093830	AVANDIA	TABLET	ORAL	8MG	100%	100%	100%	100%	100%	100%
57866136403	AVANDIA	TABLET	ORAL	8MG	100%	100%	100%	100%	100%	100%
58016008100	AVANDIA	TABLET	ORAL	8MG	100%	100%	100%	100%	100%	100%
58016008190	AVANDIA	TABLET	ORAL	8MG	100%	100%	100%	100%	100%	100%
58864088415	AVANDIA	TABLET	ORAL	8MG	100%	100%	100%	100%	100%	100%
65243019609	AVANDIA	TABLET	ORAL	8MG	100%	100%	100%	100%	100%	100%
67544011460	AVANDIA	TABLET	ORAL	8MG	100%	100%	100%	100%	100%	100%
68115068430	AVANDIA	TABLET	ORAL	8MG	100%	100%	100%	100%	100%	100%
00029152722	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%
00029152725	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%

Attachment C- List of At-Issue NDCs including Drug, Form, Route and Strength with Annual Percentages of Product Manufactured at Cidra

NDC	Clean Drug Name	Form	Route	Strength	2000	2001	2002	2003	2004	2005
16590002815	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%
16590002830	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%
49999052115	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%
49999052130	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%
52959072315	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%
52959072330	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%
54569466400	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%
54569555200	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%
54868464200	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%
54868464201	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%
55045267705	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%
55175220103	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%
55887070915	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%
68030741001	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%
68115098515	BACTROBAN	CREAM	EXTERNAL	2%	100%	100%	100%	100%	78%	0%
00029152515	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
00029152522	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
00029152525	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
00029152544	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
00029152611	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
00403264718	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
49999027815	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
49999027822	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
52959016622	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
52959101400	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
52959101401	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
52959101422	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
54569200400	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
54569405200	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
54569496000	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
54868020200	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
54868020201	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
54868020202	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%

Attachment C- List of At-Issue NDCs including Drug, Form, Route and Strength with Annual Percentages of Product Manufactured at Cidra

NDC	Clean Drug Name	Form	Route	Strength	2000	2001	2002	2003	2004	2005
54868432500	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
55045156105	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
55045156107	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
58016315401	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
58016456801	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
58016557101	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
60346054417	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
60346054426	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
66267098615	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
66267098622	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
68115057922	BACTROBAN	OINTMENT	EXTERNAL	2%	100%	100%	100%	100%	100%	94%
00007334201	COMPAZINE	INJECTABLE	INJECTION	5MG/ML	100%	100%	0%	0%	0%	0%
00007334211	COMPAZINE	INJECTABLE	INJECTION	5MG/ML	100%	100%	0%	0%	0%	0%
00007334301	COMPAZINE	INJECTABLE	INJECTION	5MG/ML	100%	100%	0%	0%	0%	0%
00007335101	COMPAZINE	INJECTABLE	INJECTION	5MG/ML	100%	100%	0%	0%	0%	0%
00007335216	COMPAZINE	INJECTABLE	INJECTION	5MG/ML	100%	100%	0%	0%	0%	0%
00007336003	COMPAZINE	SUPPOSITORY	RECTAL	2.5MG	100%	100%	100%	0%	0%	0%
60346058612	COMPAZINE	SUPPOSITORY	RECTAL	2.5MG	100%	100%	100%	0%	0%	0%
00007336203	COMPAZINE	SUPPOSITORY	RECTAL	25MG	100%	100%	100%	0%	0%	0%
52959106500	COMPAZINE	SUPPOSITORY	RECTAL	25MG	100%	100%	100%	0%	0%	0%
54569035300	COMPAZINE	SUPPOSITORY	RECTAL	25MG	100%	100%	100%	0%	0%	0%
54569035301	COMPAZINE	SUPPOSITORY	RECTAL	25MG	100%	100%	100%	0%	0%	0%
54868062202	COMPAZINE	SUPPOSITORY	RECTAL	25MG	100%	100%	100%	0%	0%	0%
55045114006	COMPAZINE	SUPPOSITORY	RECTAL	25MG	100%	100%	100%	0%	0%	0%
60346049302	COMPAZINE	SUPPOSITORY	RECTAL	25MG	100%	100%	100%	0%	0%	0%
60346049312	COMPAZINE	SUPPOSITORY	RECTAL	25MG	100%	100%	100%	0%	0%	0%
00007336103	COMPAZINE	SUPPOSITORY	RECTAL	5MG	100%	100%	100%	0%	0%	0%
54569147800	COMPAZINE	SUPPOSITORY	RECTAL	5MG	100%	100%	100%	0%	0%	0%
58016322201	COMPAZINE	SUPPOSITORY	RECTAL	5MG	100%	100%	100%	0%	0%	0%
60346095012	COMPAZINE	SUPPOSITORY	RECTAL	5MG	100%	100%	100%	0%	0%	0%
00007336344	COMPAZINE	SYRUP	ORAL	5MG/5ML	100%	100%	100%	0%	0%	0%
00007336720	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
00007336721	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%

Attachment C- List of At-Issue NDCs including Drug, Form, Route and Strength with Annual Percentages of Product Manufactured at Cidra

NDC	Clean Drug Name	Form	Route	Strength	2000	2001	2002	2003	2004	2005
00007336730	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
00247049702	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
00247049704	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
00247049710	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
00247049715	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
00247049720	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
54569035100	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
54569035101	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
54868108102	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
55045207403	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
55045207407	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
55289003304	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
55289003310	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
55289022404	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
58016034312	COMPAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
00007336620	COMPAZINE	TABLET	ORAL	5MG	100%	100%	100%	0%	0%	0%
00007336621	COMPAZINE	TABLET	ORAL	5MG	100%	100%	100%	0%	0%	0%
00007336630	COMPAZINE	TABLET	ORAL	5MG	100%	100%	100%	0%	0%	0%
00247082502	COMPAZINE	TABLET	ORAL	5MG	100%	100%	100%	0%	0%	0%
00247082530	COMPAZINE	TABLET	ORAL	5MG	100%	100%	100%	0%	0%	0%
54569035203	COMPAZINE	TABLET	ORAL	5MG	100%	100%	100%	0%	0%	0%
54868128402	COMPAZINE	TABLET	ORAL	5MG	100%	100%	100%	0%	0%	0%
60346027115	COMPAZINE	TABLET	ORAL	5MG	100%	100%	100%	0%	0%	0%
00007414120	COREG	TABLET	ORAL	12.5MG	100%	100%	100%	100%	97%	100%
00007414155	COREG	TABLET	ORAL	12.5MG	100%	100%	100%	100%	97%	100%
54569538400	COREG	TABLET	ORAL	12.5MG	100%	100%	100%	100%	97%	100%
54868439600	COREG	TABLET	ORAL	12.5MG	100%	100%	100%	100%	97%	100%
54868439601	COREG	TABLET	ORAL	12.5MG	100%	100%	100%	100%	97%	100%
54868439602	COREG	TABLET	ORAL	12.5MG	100%	100%	100%	100%	97%	100%
54868439603	COREG	TABLET	ORAL	12.5MG	100%	100%	100%	100%	97%	100%
67544030530	COREG	TABLET	ORAL	12.5MG	100%	100%	100%	100%	97%	100%
67544030553	COREG	TABLET	ORAL	12.5MG	100%	100%	100%	100%	97%	100%
67544030560	COREG	TABLET	ORAL	12.5MG	100%	100%	100%	100%	97%	100%

Attachment C- List of At-Issue NDCs including Drug, Form, Route and Strength with Annual Percentages of Product Manufactured at Cidra

NDC	Clean Drug Name	Form	Route	Strength	2000	2001	2002	2003	2004	2005
00007414220	COREG	TABLET	ORAL	25MG	100%	100%	100%	100%	100%	100%
00007414255	COREG	TABLET	ORAL	25MG	100%	100%	100%	100%	100%	100%
49999087230	COREG	TABLET	ORAL	25MG	100%	100%	100%	100%	100%	100%
54868439500	COREG	TABLET	ORAL	25MG	100%	100%	100%	100%	100%	100%
54868439501	COREG	TABLET	ORAL	25MG	100%	100%	100%	100%	100%	100%
54868439502	COREG	TABLET	ORAL	25MG	100%	100%	100%	100%	100%	100%
58864072730	COREG	TABLET	ORAL	25MG	100%	100%	100%	100%	100%	100%
67544020830	COREG	TABLET	ORAL	25MG	100%	100%	100%	100%	100%	100%
67544020860	COREG	TABLET	ORAL	25MG	100%	100%	100%	100%	100%	100%
68115072700	COREG	TABLET	ORAL	25MG	100%	100%	100%	100%	100%	100%
68258900501	COREG	TABLET	ORAL	25MG	100%	100%	100%	100%	100%	100%
00007413920	COREG	TABLET	ORAL	3.125MG	100%	100%	100%	100%	100%	100%
00007413955	COREG	TABLET	ORAL	3.125MG	100%	100%	100%	100%	100%	100%
49999057720	COREG	TABLET	ORAL	3.125MG	100%	100%	100%	100%	100%	100%
54569538500	COREG	TABLET	ORAL	3.125MG	100%	100%	100%	100%	100%	100%
54868442100	COREG	TABLET	ORAL	3.125MG	100%	100%	100%	100%	100%	100%
54868442101	COREG	TABLET	ORAL	3.125MG	100%	100%	100%	100%	100%	100%
54868442102	COREG	TABLET	ORAL	3.125MG	100%	100%	100%	100%	100%	100%
66336012560	COREG	TABLET	ORAL	3.125MG	100%	100%	100%	100%	100%	100%
67544004330	COREG	TABLET	ORAL	3.125MG	100%	100%	100%	100%	100%	100%
67544004353	COREG	TABLET	ORAL	3.125MG	100%	100%	100%	100%	100%	100%
67544004380	COREG	TABLET	ORAL	3.125MG	100%	100%	100%	100%	100%	100%
68258900601	COREG	TABLET	ORAL	3.125MG	100%	100%	100%	100%	100%	100%
00007414020	COREG	TABLET	ORAL	6.25MG	100%	100%	100%	100%	100%	100%
00007414055	COREG	TABLET	ORAL	6.25MG	100%	100%	100%	100%	100%	100%
54868442400	COREG	TABLET	ORAL	6.25MG	100%	100%	100%	100%	100%	100%
54868442401	COREG	TABLET	ORAL	6.25MG	100%	100%	100%	100%	100%	100%
54868442402	COREG	TABLET	ORAL	6.25MG	100%	100%	100%	100%	100%	100%
55289098630	COREG	TABLET	ORAL	6.25MG	100%	100%	100%	100%	100%	100%
58864073730	COREG	TABLET	ORAL	6.25MG	100%	100%	100%	100%	100%	100%
66336012660	COREG	TABLET	ORAL	6.25MG	100%	100%	100%	100%	100%	100%
68115055100	COREG	TABLET	ORAL	6.25MG	100%	100%	100%	100%	100%	100%
68258900701	COREG	TABLET	ORAL	6.25MG	100%	100%	100%	100%	100%	100%

Attachment C- List of At-Issue NDCs including Drug, Form, Route and Strength with Annual Percentages of Product Manufactured at Cidra

NDC	Clean Drug Name	Form	Route	Strength	2000	2001	2002	2003	2004	2005
00067315510	DENAVIR	CREAM	EXTERNAL	1%	100%	100%	100%	100%	0%	0%
00067602415	DENAVIR	CREAM	EXTERNAL	1%	100%	100%	100%	100%	0%	0%
00078036964	DENAVIR	CREAM	EXTERNAL	1%	100%	100%	100%	100%	0%	0%
00135031551	DENAVIR	CREAM	EXTERNAL	1%	100%	100%	100%	100%	0%	0%
00135031552	DENAVIR	CREAM	EXTERNAL	1%	100%	100%	100%	100%	0%	0%
54569465300	DENAVIR	CREAM	EXTERNAL	1%	100%	100%	100%	100%	0%	0%
54569494700	DENAVIR	CREAM	EXTERNAL	1%	100%	100%	100%	100%	0%	0%
54868495600	DENAVIR	CREAM	EXTERNAL	1%	100%	100%	100%	100%	0%	0%
00007353320	DIBENZYLINE	CAPSULE	ORAL	10MG	100%	100%	100%	0%	0%	0%
65197000101	DIBENZYLINE	CAPSULE	ORAL	10MG	100%	100%	100%	0%	0%	0%
00007365021	DYAZIDE	CAPSULE	ORAL	37.5/25	100%	100%	100%	100%	100%	32%
00007365022	DYAZIDE	CAPSULE	ORAL	37.5/25	100%	100%	100%	100%	100%	32%
00007365030	DYAZIDE	CAPSULE	ORAL	37.5/25	100%	100%	100%	100%	100%	32%
54569382400	DYAZIDE	CAPSULE	ORAL	37.5/25	100%	100%	100%	100%	100%	32%
54569382401	DYAZIDE	CAPSULE	ORAL	37.5/25	100%	100%	100%	100%	100%	32%
54569853300	DYAZIDE	CAPSULE	ORAL	37.5/25	100%	100%	100%	100%	100%	32%
54868336600	DYAZIDE	CAPSULE	ORAL	37.5/25	100%	100%	100%	100%	100%	32%
54868336601	DYAZIDE	CAPSULE	ORAL	37.5/25	100%	100%	100%	100%	100%	32%
54868336602	DYAZIDE	CAPSULE	ORAL	37.5/25	100%	100%	100%	100%	100%	32%
55175302700	DYAZIDE	CAPSULE	ORAL	37.5/25	100%	100%	100%	100%	100%	32%
55175302704	DYAZIDE	CAPSULE	ORAL	37.5/25	100%	100%	100%	100%	100%	32%
55175302705	DYAZIDE	CAPSULE	ORAL	37.5/25	100%	100%	100%	100%	100%	32%
55289027430	DYAZIDE	CAPSULE	ORAL	37.5/25	100%	100%	100%	100%	100%	32%
55289045430	DYAZIDE	CAPSULE	ORAL	37.5/25	100%	100%	100%	100%	100%	32%
58864066030	DYAZIDE	CAPSULE	ORAL	37.5/25	100%	100%	100%	100%	100%	32%
00108359021	DYAZIDE	CAPSULE	ORAL	50/25	100%	100%	100%	100%	100%	32%
00108359022	DYAZIDE	CAPSULE	ORAL	50/25	100%	100%	100%	100%	100%	32%
00108359030	DYAZIDE	CAPSULE	ORAL	50/25	100%	100%	100%	100%	100%	32%
54569054000	DYAZIDE	CAPSULE	ORAL	50/25	100%	100%	100%	100%	100%	32%
54569054003	DYAZIDE	CAPSULE	ORAL	50/25	100%	100%	100%	100%	100%	32%
54569054004	DYAZIDE	CAPSULE	ORAL	50/25	100%	100%	100%	100%	100%	32%
00108380720	DYRENIUM	CAPSULE	ORAL	100MG	100%	100%	100%	0%	0%	0%
00484380720	DYRENIUM	CAPSULE	ORAL	100MG	100%	100%	100%	0%	0%	0%

Attachment C- List of At-Issue NDCs including Drug, Form, Route and Strength with Annual Percentages of Product Manufactured at Cidra

NDC	Clean Drug Name	Form	Route	Strength	2000	2001	2002	2003	2004	2005
54868509201	DYRENIUM	CAPSULE	ORAL	100MG	100%	100%	100%	0%	0%	0%
58016008730	DYRENIUM	CAPSULE	ORAL	100MG	100%	100%	100%	0%	0%	0%
65197000301	DYRENIUM	CAPSULE	ORAL	100MG	100%	100%	100%	0%	0%	0%
00108380620	DYRENIUM	CAPSULE	ORAL	50MG	100%	100%	100%	0%	0%	0%
00108380621	DYRENIUM	CAPSULE	ORAL	50MG	100%	100%	100%	0%	0%	0%
00484380620	DYRENIUM	CAPSULE	ORAL	50MG	100%	100%	100%	0%	0%	0%
65197000201	DYRENIUM	CAPSULE	ORAL	50MG	100%	100%	100%	0%	0%	0%
67707032005	FACTIVE	TABLET	ORAL	320MG	0%	0%	0%	0%	100%	100%
67707032007	FACTIVE	TABLET	ORAL	320MG	0%	0%	0%	0%	100%	100%
00004023909	KYTRIL	INJECTABLE	INJECTION	1MG/1ML	100%	100%	100%	100%	0%	0%
00004024009	KYTRIL	INJECTABLE	INJECTION	1MG/1ML	100%	100%	100%	100%	0%	0%
00004024208	KYTRIL	INJECTABLE	INJECTION	1MG/1ML	100%	100%	100%	100%	0%	0%
00029414901	KYTRIL	INJECTABLE	INJECTION	1MG/1ML	100%	100%	100%	100%	0%	0%
00029415201	KYTRIL	INJECTABLE	INJECTION	1MG/1ML	100%	100%	100%	100%	0%	0%
00029321013	PAXIL	TABLET	ORAL	10MG	100%	100%	100%	100%	100%	100%
49999059730	PAXIL	TABLET	ORAL	10MG	100%	100%	100%	100%	100%	100%
52959063930	PAXIL	TABLET	ORAL	10MG	100%	100%	100%	100%	100%	100%
54569478700	PAXIL	TABLET	ORAL	10MG	100%	100%	100%	100%	100%	100%
54868406500	PAXIL	TABLET	ORAL	10MG	100%	100%	100%	100%	100%	100%
58016066100	PAXIL	TABLET	ORAL	10MG	100%	100%	100%	100%	100%	100%
58016066130	PAXIL	TABLET	ORAL	10MG	100%	100%	100%	100%	100%	100%
58016066160	PAXIL	TABLET	ORAL	10MG	100%	100%	100%	100%	100%	100%
58016066190	PAXIL	TABLET	ORAL	10MG	100%	100%	100%	100%	100%	100%
63874076730	PAXIL	TABLET	ORAL	10MG	100%	100%	100%	100%	100%	100%
00029321113	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
00029321120	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
00029321121	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
00029321159	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
52959036012	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
52959036015	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
52959036020	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
52959036030	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
52959036060	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%

Attachment C- List of At-Issue NDCs including Drug, Form, Route and Strength with Annual Percentages of Product Manufactured at Cidra

NDC	Clean Drug Name	Form	Route	Strength	2000	2001	2002	2003	2004	2005
54569381000	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
54569381001	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
54569860900	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
54868297600	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
54868297602	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
55175271503	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
55289021630	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
55887054930	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
57866004508	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
57866561402	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
58016048500	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
58016048502	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
58016048510	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
58016048512	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
58016048520	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
58016048525	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
58016048530	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
58016048540	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
58016048550	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
58016048560	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
58016048590	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
58864037215	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
58864037230	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
68115026730	PAXIL	TABLET	ORAL	20MG	100%	100%	100%	100%	100%	66%
00029321213	PAXIL	TABLET	ORAL	30MG	100%	100%	100%	100%	100%	58%
00029321220	PAXIL	TABLET	ORAL	30MG	100%	100%	100%	100%	100%	58%
54569414800	PAXIL	TABLET	ORAL	30MG	100%	100%	100%	100%	100%	58%
54868352600	PAXIL	TABLET	ORAL	30MG	100%	100%	100%	100%	100%	58%
58016080600	PAXIL	TABLET	ORAL	30MG	100%	100%	100%	100%	100%	58%
58016080690	PAXIL	TABLET	ORAL	30MG	100%	100%	100%	100%	100%	58%
00029321313	PAXIL	TABLET	ORAL	40MG	100%	100%	100%	100%	100%	66%
54569490100	PAXIL	TABLET	ORAL	40MG	100%	100%	100%	100%	100%	66%
54569490101	PAXIL	TABLET	ORAL	40MG	100%	100%	100%	100%	100%	66%

Attachment C- List of At-Issue NDCs including Drug, Form, Route and Strength with Annual Percentages of Product Manufactured at Cidra

NDC	Clean Drug Name	Form	Route	Strength	2000	2001	2002	2003	2004	2005
54868396200	PAXIL	TABLET	ORAL	40MG	100%	100%	100%	100%	100%	66%
58016073100	PAXIL	TABLET	ORAL	40MG	100%	100%	100%	100%	100%	66%
58016073130	PAXIL	TABLET	ORAL	40MG	100%	100%	100%	100%	100%	66%
58864062815	PAXIL	TABLET	ORAL	40MG	100%	100%	100%	100%	100%	66%
00029321548	PAXIL OS	SUSPENSION	ORAL	10MG/5ML	100%	100%	100%	100%	100%	100%
00029485120	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
00029485121	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
49999012414	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
49999012430	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
52959022714	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
52959022720	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
52959022728	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
52959022730	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
52959022760	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
54569353500	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
54569353501	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
54569353502	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
54569353503	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
54569353504	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
54569353505	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
54569353507	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
54868201400	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
54868201402	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
54868201403	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
54868201404	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
55045190805	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
55045190807	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
55175278603	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
55175278604	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
55175278608	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
55289001510	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
55289001514	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
55289001520	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%

Attachment C- List of At-Issue NDCs including Drug, Form, Route and Strength with Annual Percentages of Product Manufactured at Cidra

NDC	Clean Drug Name	Form	Route	Strength	2000	2001	2002	2003	2004	2005
55289001528	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
55289001530	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
55289001560	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
58016067700	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
58016067760	RELAFEN	TABLET	ORAL	500MG	100%	100%	100%	100%	100%	25%
00029485220	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
52959037320	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
52959037328	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
52959037330	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
52959037340	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
54569384500	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
54569384501	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
54569384502	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
54868320800	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
54868320801	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
54868320802	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
55175278508	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
55289072130	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
57866633501	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
57866633502	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
58016039600	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
60346092530	RELAFEN	TABLET	ORAL	750MG	100%	100%	100%	100%	100%	100%
00108490720	STELAZINE	TABLET	ORAL	10MG	100%	0%	0%	0%	0%	0%
00108490320	STELAZINE	TABLET	ORAL	1MG	100%	100%	100%	0%	0%	0%
00108490420	STELAZINE	TABLET	ORAL	2MG	100%	100%	100%	0%	0%	0%
00484490420	STELAZINE	TABLET	ORAL	2MG	100%	100%	100%	0%	0%	0%
00108490620	STELAZINE	TABLET	ORAL	5MG	100%	100%	100%	0%	0%	0%
00108490621	STELAZINE	TABLET	ORAL	5MG	100%	100%	100%	0%	0%	0%
00108490630	STELAZINE	TABLET	ORAL	5MG	100%	100%	100%	0%	0%	0%
58016068400	STELAZINE	TABLET	ORAL	5MG	100%	100%	100%	0%	0%	0%
00007506011	THORAZINE	INJECTABLE	INJECTION	25MG/ML	100%	100%	100%	0%	0%	0%
00007506101	THORAZINE	INJECTABLE	INJECTION	25MG/ML	100%	100%	100%	0%	0%	0%
00007506111	THORAZINE	INJECTABLE	INJECTION	25MG/ML	100%	100%	100%	0%	0%	0%

Attachment C- List of At-Issue NDCs including Drug, Form, Route and Strength with Annual Percentages of Product Manufactured at Cidra

NDC	Clean Drug Name	Form	Route	Strength	2000	2001	2002	2003	2004	2005
00007506201	THORAZINE	INJECTABLE	INJECTION	25MG/ML	100%	100%	100%	0%	0%	0%
54569208900	THORAZINE	INJECTABLE	INJECTION	25MG/ML	100%	100%	100%	0%	0%	0%
00007507103	THORAZINE	SUPPOSITORY	RECTAL	100MG	100%	100%	100%	0%	0%	0%
00007507003	THORAZINE	SUPPOSITORY	RECTAL	25MG	100%	100%	100%	0%	0%	0%
00007507244	THORAZINE	SYRUP	ORAL	10MG/5ML	100%	100%	100%	0%	0%	0%
00007507720	THORAZINE	TABLET	ORAL	100MG	100%	100%	100%	0%	0%	0%
00007507730	THORAZINE	TABLET	ORAL	100MG	100%	100%	100%	0%	0%	0%
00007507320	THORAZINE	TABLET	ORAL	10MG	100%	100%	100%	0%	0%	0%
00007507920	THORAZINE	TABLET	ORAL	200MG	100%	100%	100%	0%	0%	0%
00007507921	THORAZINE	TABLET	ORAL	200MG	100%	100%	100%	0%	0%	0%
00007507930	THORAZINE	TABLET	ORAL	200MG	100%	100%	100%	0%	0%	0%
00007507420	THORAZINE	TABLET	ORAL	25MG	100%	100%	100%	0%	0%	0%
00007507430	THORAZINE	TABLET	ORAL	25MG	100%	100%	100%	0%	0%	0%
00007507620	THORAZINE	TABLET	ORAL	50MG	100%	100%	100%	0%	0%	0%
00007507630	THORAZINE	TABLET	ORAL	50MG	100%	100%	100%	0%	0%	0%

Notes:

At-Issue Drugs NDCs found in Plaintiffs' claims data. Annual Cidra manufacturing percentages for Drug, Form, and Strength combinations from “Defendant’s Updated Objections and Responses to Plaintiffs’ Interrogatory No. 4,” May 11, 2018, pp. 4-6.

Attachment D

Attachment D.1- Aetna, Inc. Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$6,848	$8,248	$4,218	$4,640	$4,315	$1,929	$30,199	$30,199	$0
AVANDAMET	$0	$0	$75,027	$3,503,294	$11,086,047	$7,363,555	$22,027,923	$22,027,923	$0
AVANDIA	$19,230,228	$31,000,355	$28,164,019	$25,497,434	$28,289,495	$40,546,191	$172,727,722	$172,727,722	$0
BACTROBAN	$3,275,578	$3,871,962	$2,814,866	$1,626,302	$964,831	$106,308	$12,659,846	$12,659,846	$0
COMPAZINE	$72,995	$60,202	$24,081	$0	$0	$0	$157,279	$157,279	$0
COREG	$5,360,787	$7,666,891	$8,399,158	$9,542,465	$13,605,729	$20,127,609	$64,702,640	$64,702,640	$0
DENAVIR	$733,435	$681,935	$448,090	$353,519	$0	$0	$2,216,978	$733,435	$1,483,544
DIBENZYLINE	$218,095	$191,146	$137,983	$0	$0	$0	$547,225	$0	$547,225
DYAZIDE	$293,906	$208,279	$147,639	$101,474	$93,126	$29,004	$873,428	$873,428	$0
DYRENIUM	$120,153	$96,621	$75,469	$0	$0	$0	$292,243	$0	$292,243
FACTIVE	$0	$0	$0	$0	$73,613	$542,207	$615,820	$0	$615,820
KYTRIL	$31,064	$41,981	$38,506	$42,642	$0	$0	$154,195	$31,064	$123,130
PAXIL	$46,956,723	$59,455,259	$53,837,385	$26,676,577	$4,199,237	$923,907	$192,049,088	$192,049,088	$0
PAXIL OS	$144,916	$209,645	$137,485	$168,145	$149,339	$103,650	$913,180	$913,180	$0
RELAFEN	$7,029,884	$5,288,925	$648,606	$276,272	$211,405	$115,286	$13,570,379	$13,570,379	$0
STELAZINE	$36,008	$25,851	$17,291	$0	$0	$0	$79,150	$79,150	$0
THORAZINE	$36,681	$43,084	$23,197	$0	$0	$0	$102,962	$102,962	$0
Total	$83,547,301	$108,850,386	$94,993,020	$67,792,764	$58,677,138	$69,859,647	$483,720,256	$480,658,294	$3,061,962

Notes:

1-6 Source: Aetna new claims data for 2000 and 2002-2005 (Aetna00015171); Aetna new replacement claims data for 2001 (Aetna00015171(A)).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.2- AvMed Health Plans Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$8	$0	$0	$0	$0	$0	$8	$8	$0
AVANDAMET	$0	$0	$432	$4,806	$14,086	$19,484	$38,807	$38,807	$0
AVANDIA	$369,662	$333,438	$272,645	$51,666	$55,320	$170,054	$1,252,786	$1,252,786	$0
BACTROBAN	$39,832	$21,677	$13,933	$6,624	$2,919	$352	$85,338	$85,338	$0
COMPAZINE	$419	$54	$4	$0	$0	$0	$477	$477	$0
COREG	$160,550	$168,695	$170,574	$45,704	$65,628	$185,386	$796,537	$796,537	$0
DENAVIR	$1,808	$520	$158	$255	$0	$0	$2,741	$1,808	$933
DIBENZYLINE	$8,274	$286	$123	$0	$0	$0	$8,682	$0	$8,682
DYAZIDE	$2,332	$42	$0	$0	$65	$39	$2,477	$2,477	$0
DYRENIUM	$710	$388	$552	$0	$0	$0	$1,650	$0	$1,650
FACTIVE	$0	$0	$0	$0	$0	$349	$349	$0	$349
KYTRIL	$0	$607	$0	$0	$0	$0	$607	$0	$607
PAXIL	$471,842	$307,117	$250,902	$27,538	$43	$153	$1,057,594	$1,057,594	$0
PAXIL OS	$61	$563	$46	$0	$240	$256	$1,166	$1,166	$0
RELAFEN	$260,905	$110,291	$505	$60	$33	$0	$371,795	$371,795	$0
STELAZINE	$0	$0	$0	$0	$0	$0	$0	$0	$0
THORAZINE	$4,459	$1,714	$547	$0	$0	$0	$6,720	$6,720	$0
Total	$1,320,862	$945,393	$710,420	$136,653	$138,334	$376,073	$3,627,735	$3,615,514	$12,221

Notes:

1-6 Source: AvMed new claims data (AvMed00001284).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.3- Blue Cross Blue Shield of Alabama Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$98	$222	$216	$603	$380	$116	$1,635	$1,635	$0
AVANDAMET	$0	$0	$37,524	$1,508,939	$3,688,588	$2,064,748	$7,299,800	$7,299,800	$0
AVANDIA	$4,090,641	$6,381,320	$7,682,670	$7,231,030	$6,315,849	$7,578,171	$39,279,681	$39,279,681	$0
BACTROBAN	$359,268	$520,810	$545,080	$567,598	$186,970	$14,674	$2,194,401	$2,194,401	$0
COMPAZINE	$12,969	$10,740	$6,234	$0	$0	$0	$29,944	$29,944	$0
COREG	$1,123,442	$1,554,774	$2,393,398	$2,821,877	$3,324,720	$3,913,465	$15,131,675	$15,131,675	$0
DENAVIR	$90,150	$89,454	$73,761	$60,134	$0	$0	$313,499	$90,150	$223,350
DIBENZYLINE	$51,742	$36,410	$46,341	$0	$0	$0	$134,493	$0	$134,493
DYAZIDE	$119,828	$92,797	$83,340	$57,029	$37,667	$9,762	$400,423	$400,423	$0
DYRENIUM	$19,691	$17,334	$19,569	$0	$0	$0	$56,594	$0	$56,594
FACTIVE	$0	$0	$0	$0	$7,284	$186,304	$193,588	$0	$193,588
KYTRIL	$1,733	$971	$0	$2,761	$0	$0	$5,465	$1,733	$3,732
PAXIL	$7,896,625	$9,467,105	$11,552,027	$6,550,384	$708,349	$203,673	$36,378,162	$36,378,162	$0
PAXIL OS	$13,322	$21,805	$16,279	$29,934	$21,661	$16,365	$119,366	$119,366	$0
RELAFEN	$1,978,887	$1,381,397	$259,687	$97,390	$51,162	$21,580	$3,790,103	$3,790,103	$0
STELAZINE	$8,595	$4,077	$1,821	$0	$0	$0	$14,492	$14,492	$0
THORAZINE	$4,257	$3,606	$3,161	$0	$0	$0	$11,024	$11,024	$0
Total	$15,771,248	$19,582,821	$22,721,108	$18,927,679	$14,342,629	$14,008,858	$105,354,344	$104,742,588	$611,756

Notes:

1-6 Source: Blue Cross Blue Shield Alabama new replacement claims data (BCBS-AL00002067).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.4- Blue Cross Blue Shield Association Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$190	$2,972	$2,823	$3,205	$2,939	$2,657	$14,786	$14,786	$0
AVANDAMET	$0	$0	$28,558	$1,362,075	$5,406,663	$4,468,813	$11,266,109	$11,266,109	$0
AVANDIA	$534,398	$6,415,258	$7,256,776	$8,299,715	$9,604,174	$23,959,613	$56,069,935	$56,069,935	$0
BACTROBAN	$201,440	$2,299,142	$2,245,022	$2,436,442	$1,373,782	$165,275	$8,721,103	$8,721,103	$0
COMPAZINE	$0	$0	$49	$0	$0	$0	$49	$49	$0
COREG	$570,140	$8,975,324	$11,182,469	$14,972,231	$20,188,896	$26,928,665	$82,817,725	$82,817,725	$0
DENAVIR	$0	$34	$0	$105,967	$0	$0	$106,001	$0	$106,001
DIBENZYLINE	$10,704	$161,781	$155,698	$0	$0	$0	$328,183	$0	$328,183
DYAZIDE	$79,107	$877,940	$682,033	$631,680	$623,968	$184,105	$3,078,832	$3,078,832	$0
DYRENIUM	$13,904	$190,622	$169,370	$0	$0	$0	$373,896	$0	$373,896
FACTIVE	$0	$0	$0	$0	$42,274	$437,868	$480,142	$0	$480,142
KYTRIL	$0	$0	$0	$2,812	$0	$0	$2,812	$0	$2,812
PAXIL	$1,193,801	$15,158,864	$16,592,365	$11,891,210	$2,133,749	$730,351	$47,700,339	$47,700,339	$0
PAXIL OS	$15,288	$131,845	$75,985	$131,183	$136,447	$101,722	$592,470	$592,470	$0
RELAFEN	$0	$0	$0	$0	$0	$0	$0	$0	$0
STELAZINE	$0	$0	$38,295	$0	$0	$0	$38,295	$38,295	$0
THORAZINE	$0	$0	$47,072	$0	$0	$0	$47,072	$47,072	$0
Total	$2,618,973	$34,213,781	$38,476,514	$39,836,520	$39,512,892	$56,979,069	$211,637,748	$210,346,715	$1,291,033

Notes:

1-6 Source: Blue Cross Blue Shield Association old claims data (BCBS-Assoc00000001-20).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.5- Blue Cross and Blue Shield of Florida, Inc. Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$0	$0	$1,138	$1,354	$1,521	$495	$4,509	$4,509	$0
AVANDAMET	$0	$0	$14,979	$653,568	$1,801,163	$948,823	$3,418,533	$3,418,533	$0
AVANDIA	$0	$0	$4,200,166	$3,765,731	$4,032,089	$5,655,523	$17,653,509	$17,653,509	$0
BACTROBAN	$0	$0	$401,947	$342,372	$194,696	$11,428	$950,443	$950,443	$0
COMPAZINE	$0	$0	$3,785	$0	$0	$0	$3,785	$3,785	$0
COREG	$0	$0	$1,233,946	$1,273,308	$1,803,210	$2,406,935	$6,717,399	$6,717,399	$0
DENAVIR	$0	$0	$39,398	$33,442	$0	$0	$72,840	$0	$72,840
DIBENZYLINE	$0	$0	$15,626	$0	$0	$0	$15,626	$0	$15,626
DYAZIDE	$0	$0	$11,573	$7,736	$6,850	$2,338	$28,497	$28,497	$0
DYRENIUM	$0	$0	$11,714	$0	$0	$0	$11,714	$0	$11,714
FACTIVE	$0	$0	$0	$0	$16,023	$171,334	$187,357	$0	$187,357
KYTRIL	$0	$0	$215,326	$123,942	$0	$0	$339,268	$0	$339,268
PAXIL	$0	$0	$7,626,009	$3,601,490	$411,394	$129,079	$11,767,972	$11,767,972	$0
PAXIL OS	$0	$0	$19,409	$27,223	$15,506	$11,302	$73,440	$73,440	$0
RELAFEN	$0	$0	$76,243	$27,215	$18,683	$11,089	$133,230	$133,230	$0
STELAZINE	$0	$0	$364	$0	$0	$0	$364	$364	$0
THORAZINE	$0	$0	$2,095	$0	$0	$0	$2,095	$2,095	$0
Total	$0	$0	$13,873,716	$9,857,383	$8,301,135	$9,348,346	$41,380,581	$40,753,775	$626,805

Notes:

1-6 Source: Blue Cross and Blue Shield of Florida new claims data (BCBS-FL00002983).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.6- Blue Cross and Blue Shield of Kansas City Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$0	$118	$370	$0	$0	$0	$488	$488	$0
AVANDAMET	$0	$0	$5,015	$95,259	$360,068	$273,605	$733,947	$733,947	$0
AVANDIA	$453,345	$747,933	$907,517	$930,054	$1,018,113	$1,442,609	$5,499,570	$5,499,570	$0
BACTROBAN	$50,031	$65,660	$62,920	$62,934	$33,036	$2,512	$277,093	$277,093	$0
COMPAZINE	$1,137	$604	$256	$0	$0	$0	$1,997	$1,997	$0
COREG	$147,072	$208,851	$298,371	$371,420	$508,932	$768,789	$2,303,436	$2,303,436	$0
DENAVIR	$13,104	$15,596	$11,238	$9,135	$0	$0	$49,073	$13,104	$35,969
DIBENZYLINE	$1,974	$455	$5,287	$0	$0	$0	$7,716	$0	$7,716
DYAZIDE	$10,142	$6,344	$4,723	$3,014	$2,484	$658	$27,365	$27,365	$0
DYRENIUM	$620	$1,727	$2,238	$0	$0	$0	$4,585	$0	$4,585
FACTIVE	$0	$0	$0	$0	$3,054	$14,426	$17,480	$0	$17,480
KYTRIL	$0	$0	$0	$0	$0	$0	$0	$0	$0
PAXIL	$1,163,534	$1,489,128	$1,842,231	$1,110,411	$86,034	$30,843	$5,722,181	$5,722,181	$0
PAXIL OS	$1,667	$1,432	$2,372	$3,732	$3,200	$4,898	$17,301	$17,301	$0
RELAFEN	$263,953	$157,579	$34,792	$13,304	$8,088	$4,901	$482,618	$482,618	$0
STELAZINE	$999	$314	$49	$0	$0	$0	$1,363	$1,363	$0
THORAZINE	$523	$494	$674	$0	$0	$0	$1,691	$1,691	$0
Total	$2,108,102	$2,696,235	$3,178,054	$2,599,263	$2,023,009	$2,543,243	$15,147,905	$15,082,155	$65,750

Notes:

1-6 Source: Blue Cross and Blue Shield of Kansas City new claims data (BCBS-KC00018504).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.7- Blue Cross Blue Shield of Massachusetts Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$1,046	$1,275	$1,305	$1,076	$643	$902	$6,247	$6,247	$0
AVANDAMET	$0	$0	$2,598	$318,955	$1,239,802	$947,923	$2,509,277	$2,509,277	$0
AVANDIA	$2,761,064	$4,634,228	$5,316,577	$6,225,471	$7,173,904	$11,620,364	$37,731,608	$37,731,608	$0
BACTROBAN	$564,839	$684,091	$432,073	$424,023	$197,507	$20,299	$2,322,832	$2,322,832	$0
COMPAZINE	$17,627	$19,498	$11,401	$0	$0	$0	$48,526	$48,526	$0
COREG	$769,907	$1,134,752	$1,501,211	$2,064,957	$2,781,359	$3,516,245	$11,768,431	$11,768,431	$0
DENAVIR	$210,126	$154,907	$73,934	$68,062	$0	$0	$507,030	$210,126	$296,903
DIBENZYLINE	$50,754	$44,588	$37,619	$0	$0	$0	$132,962	$0	$132,962
DYAZIDE	$92,694	$75,424	$53,923	$44,851	$38,479	$11,478	$316,849	$316,849	$0
DYRENIUM	$53,190	$52,450	$49,965	$0	$0	$0	$155,604	$0	$155,604
FACTIVE	$0	$0	$0	$0	$997	$11,920	$12,917	$0	$12,917
KYTRIL	$1,079	$771	$8,560	$7,312	$0	$0	$17,723	$1,079	$16,643
PAXIL	$10,398,748	$13,538,680	$14,946,578	$9,581,797	$640,583	$208,644	$49,315,030	$49,315,030	$0
PAXIL OS	$52,848	$65,613	$41,747	$48,942	$52,787	$47,223	$309,160	$309,160	$0
RELAFEN	$841,967	$470,854	$75,464	$53,238	$39,445	$15,538	$1,496,506	$1,496,506	$0
STELAZINE	$14,682	$14,545	$9,276	$0	$0	$0	$38,503	$38,503	$0
THORAZINE	$7,023	$9,736	$7,658	$0	$0	$0	$24,416	$24,416	$0
Total	$15,837,593	$20,901,413	$22,569,890	$18,838,684	$12,165,506	$16,400,535	$106,713,622	$106,098,592	$615,030

Notes:

1-6 Source: Blue Cross and Blue Shield Massachusetts new replacement claims data (BCBS-MA00142032).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.8- Blue Cross Blue Shield of Minnesota Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$470	$230	$1,248	$625	$389	$144	$3,107	$3,107	$0
AVANDAMET	$0	$0	$1,674	$212,394	$864,657	$120,902	$1,199,627	$1,199,627	$0
AVANDIA	$1,909,800	$3,309,466	$3,860,522	$4,546,835	$4,600,236	$1,175,413	$19,402,272	$19,402,272	$0
BACTROBAN	$413,394	$488,084	$460,984	$513,480	$213,376	$2,780	$2,092,099	$2,092,099	$0
COMPAZINE	$16,386	$15,900	$5,147	$0	$0	$0	$37,433	$37,433	$0
COREG	$750,938	$996,344	$1,333,979	$1,802,587	$2,087,483	$592,883	$7,564,214	$7,564,214	$0
DENAVIR	$74,164	$90,117	$88,550	$92,102	$0	$0	$344,933	$74,164	$270,769
DIBENZYLINE	$27,557	$20,366	$23,796	$0	$0	$0	$71,719	$0	$71,719
DYAZIDE	$97,198	$80,878	$59,239	$41,735	$33,495	$328	$312,873	$312,873	$0
DYRENIUM	$17,783	$14,386	$14,954	$0	$0	$0	$47,123	$0	$47,123
FACTIVE	$0	$0	$0	$0	$1,670	$15,151	$16,821	$0	$16,821
KYTRIL	$1,194	$2,680	$0	$0	$0	$0	$3,874	$1,194	$2,680
PAXIL	$9,410,253	$11,210,101	$12,904,538	$9,224,987	$503,241	$151,189	$43,404,310	$43,404,310	$0
PAXIL OS	$34,469	$45,368	$33,618	$61,730	$69,337	$54,009	$298,532	$298,532	$0
RELAFEN	$1,949,090	$1,488,156	$246,635	$64,810	$44,500	$22,348	$3,815,539	$3,815,539	$0
STELAZINE	$5,851	$4,294	$2,286	$0	$0	$0	$12,431	$12,431	$0
THORAZINE	$741	$1,180	$223	$0	$0	$0	$2,144	$2,144	$0
Total	$14,709,288	$17,767,551	$19,037,395	$16,561,286	$8,418,384	$2,135,147	$78,629,050	$78,219,938	$409,112

Notes:

1-6 Source: Blue Cross Blue Shield Minnesota new claims data (BCBS-MN00005607).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.9- Blue Cross and Blue Shield of North Carolina Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$711	$961	$1,682	$960	$1,449	$665	$6,428	$6,428	$0
AVANDAMET	$0	$0	$12,774	$837,252	$2,892,519	$1,999,701	$5,742,246	$5,742,246	$0
AVANDIA	$2,818,886	$4,472,881	$4,961,035	$5,673,232	$6,436,298	$8,998,495	$33,360,826	$33,360,826	$0
BACTROBAN	$401,886	$435,767	$425,625	$452,966	$218,996	$17,163	$1,952,404	$1,952,404	$0
COMPAZINE	$11,390	$7,490	$2,811	$0	$0	$0	$21,691	$21,691	$0
COREG	$656,830	$950,596	$1,352,537	$2,071,645	$2,821,859	$3,851,495	$11,704,961	$11,704,961	$0
DENAVIR	$15,823	$3,398	$8,491	$15,446	$0	$0	$43,158	$15,823	$27,335
DIBENZYLINE	$10,576	$27,413	$22,166	$0	$0	$0	$60,155	$0	$60,155
DYAZIDE	$48,649	$33,158	$21,174	$14,989	$12,786	$2,993	$133,749	$133,749	$0
DYRENIUM	$6,575	$11,458	$13,692	$0	$0	$0	$31,725	$0	$31,725
FACTIVE	$0	$0	$0	$0	$6,284	$54,107	$60,391	$0	$60,391
KYTRIL	$0	$0	$0	$0	$0	$0	$0	$0	$0
PAXIL	$6,970,061	$8,528,580	$9,804,513	$6,518,773	$692,310	$183,748	$32,697,987	$32,697,987	$0
PAXIL OS	$13,657	$19,922	$23,255	$45,670	$48,853	$41,705	$193,062	$193,062	$0
RELAFEN	$1,588,520	$1,212,974	$186,289	$80,578	$51,965	$20,038	$3,140,364	$3,140,364	$0
STELAZINE	$8,266	$5,850	$5,709	$0	$0	$0	$19,825	$19,825	$0
THORAZINE	$3,157	$2,393	$1,126	$0	$0	$0	$6,676	$6,676	$0
Total	$12,554,986	$15,712,843	$16,842,878	$15,711,512	$13,183,318	$15,170,110	$89,175,648	$88,996,041	$179,606

Notes:

1-6 Source: Blue Cross and Blue Shield of North Carolina new claims data (BCBS-NC00014463).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.10- Blue Cross & Blue Shield of Rhode Island Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$0	$0	$63	$678	$151	$42	$934	$934	$0
AVANDAMET	$0	$0	$2,756	$121,956	$349,879	$205,090	$679,681	$679,681	$0
AVANDIA	$0	$0	$1,331,214	$1,552,382	$1,836,102	$2,155,173	$6,874,872	$6,874,872	$0
BACTROBAN	$0	$0	$162,004	$173,780	$93,868	$4,998	$434,651	$434,651	$0
COMPAZINE	$0	$0	$521	$0	$0	$0	$521	$521	$0
COREG	$0	$0	$264,003	$357,872	$514,825	$676,935	$1,813,636	$1,813,636	$0
DENAVIR	$0	$0	$33,092	$33,147	$0	$0	$66,239	$0	$66,239
DIBENZYLINE	$0	$0	$1,254	$0	$0	$0	$1,254	$0	$1,254
DYAZIDE	$0	$0	$10,022	$8,826	$6,855	$2,702	$28,405	$28,405	$0
DYRENIUM	$0	$0	$5,269	$0	$0	$0	$5,269	$0	$5,269
FACTIVE	$0	$0	$0	$0	$774	$33,027	$33,802	$0	$33,802
KYTRIL	$0	$0	$0	$0	$0	$0	$0	$0	$0
PAXIL	$0	$0	$4,208,178	$2,659,212	$238,100	$73,765	$7,179,255	$7,179,255	$0
PAXIL OS	$0	$0	$10,552	$12,497	$12,051	$10,802	$45,901	$45,901	$0
RELAFEN	$0	$0	$36,070	$17,237	$12,073	$8,450	$73,829	$73,829	$0
STELAZINE	$0	$0	$649	$0	$0	$0	$649	$649	$0
THORAZINE	$0	$0	$23	$0	$0	$0	$23	$23	$0
Total	$0	$0	$6,065,669	$4,937,589	$3,064,679	$3,170,984	$17,238,921	$17,132,357	$106,564

Notes:

1-6 Source: Blue Cross & Blue Shield of Rhode Island old claims data for 2002-2004 (BCBS-RI00000001); Blue Cross & Blue Shield of Rhode Island new claims data for 2005 (BCBS-RI00035123). Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.11- Blue Cross Blue Shield South Carolina Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$0	$78	$108	$90	$160	$24	$461	$461	$0
AVANDAMET	$0	$0	$3,642	$362,087	$1,088,038	$740,136	$2,193,902	$2,193,902	$0
AVANDIA	$0	$800,621	$1,398,197	$1,929,991	$2,068,504	$3,010,773	$9,208,086	$9,208,086	$0
BACTROBAN	$0	$53,013	$90,410	$118,778	$66,084	$6,211	$334,496	$334,496	$0
COMPAZINE	$0	$483	$228	$0	$0	$0	$711	$711	$0
COREG	$0	$144,304	$314,267	$561,848	$698,830	$955,860	$2,675,109	$2,675,109	$0
DENAVIR	$0	$7,462	$9,397	$6,763	$0	$0	$23,622	$0	$23,622
DIBENZYLINE	$0	$1,898	$1,306	$0	$0	$0	$3,204	$0	$3,204
DYAZIDE	$0	$2,135	$2,718	$1,664	$1,008	$251	$7,776	$7,776	$0
DYRENIUM	$0	$2,864	$791	$0	$0	$0	$3,656	$0	$3,656
FACTIVE	$0	$0	$0	$0	$3,179	$52,386	$55,565	$0	$55,565
KYTRIL	$0	$0	$0	$0	$0	$0	$0	$0	$0
PAXIL	$0	$1,408,519	$2,495,069	$1,946,788	$109,960	$35,337	$5,995,672	$5,995,672	$0
PAXIL OS	$0	$3,054	$3,689	$9,272	$8,817	$3,452	$28,285	$28,285	$0
RELAFEN	$0	$162,260	$32,920	$9,571	$10,145	$4,647	$219,542	$219,542	$0
STELAZINE	$0	$0	$0	$0	$0	$0	$0	$0	$0
THORAZINE	$0	$37	$855	$0	$0	$0	$893	$893	$0
Total	$0	$2,586,729	$4,353,597	$4,946,852	$4,054,726	$4,809,076	$20,750,980	$20,664,933	$86,047

Notes:

1-6 Source: Blue Cross Blue Shield South Carolina new claims data (BCBS-SC00001773).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.12- Blue Cross Blue Shield of Tennessee Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$28	$368	$90	$515	$377	$74	$1,452	$1,452	$0
AVANDAMET	$0	$0	$10,744	$558,139	$2,163,933	$1,611,835	$4,344,651	$4,344,651	$0
AVANDIA	$1,954,710	$3,804,403	$4,148,175	$4,288,651	$4,715,797	$6,809,344	$25,721,079	$25,721,079	$0
BACTROBAN	$170,514	$245,747	$246,800	$247,501	$163,242	$12,344	$1,086,148	$1,086,148	$0
COMPAZINE	$3,653	$1,810	$1,226	$0	$0	$0	$6,689	$6,689	$0
COREG	$566,238	$759,391	$951,375	$1,159,432	$1,664,637	$2,699,982	$7,801,054	$7,801,054	$0
DENAVIR	$31,977	$38,322	$25,881	$25,231	$0	$0	$121,410	$31,977	$89,434
DIBENZYLINE	$41,485	$7,455	$8,877	$0	$0	$0	$57,817	$0	$57,817
DYAZIDE	$105,677	$81,245	$52,830	$47,662	$31,766	$8,559	$327,738	$327,738	$0
DYRENIUM	$8,671	$11,786	$13,199	$0	$0	$0	$33,656	$0	$33,656
FACTIVE	$0	$0	$0	$0	$11,388	$117,595	$128,983	$0	$128,983
KYTRIL	$0	$0	$0	$0	$0	$0	$0	$0	$0
PAXIL	$4,427,599	$5,925,677	$6,383,882	$4,161,085	$459,365	$132,918	$21,490,527	$21,490,527	$0
PAXIL OS	$7,767	$18,305	$14,776	$25,448	$15,530	$12,350	$94,176	$94,176	$0
RELAFEN	$1,016,883	$926,862	$196,610	$86,013	$58,339	$17,929	$2,302,636	$2,302,636	$0
STELAZINE	$0	$0	$1,803	$0	$0	$0	$1,803	$1,803	$0
THORAZINE	$0	$0	$265	$0	$0	$0	$265	$265	$0
Total	$8,335,200	$11,821,371	$12,056,533	$10,599,675	$9,284,374	$11,422,930	$63,520,084	$63,210,194	$309,889

Notes:

1-6 Source: Blue Cross Blue Shield of Tennessee old claims data for 2000-2002 (BCBS-TN00000001-2); Blue Cross Blue Shield of Tennessee new claims data for 2003-2005 (BCBS-TN00123967). Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.13- CareFirst of Maryland Inc. Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$406	$1,040	$826	$693	$160	$134	$3,259	$3,259	$0
AVANDAMET	$0	$0	$17,415	$587,006	$1,463,312	$1,015,693	$3,083,425	$3,083,425	$0
AVANDIA	$2,014,513	$3,202,310	$4,218,869	$4,270,456	$4,232,945	$5,782,917	$23,722,009	$23,722,009	$0
BACTROBAN	$274,358	$346,863	$383,872	$363,583	$186,354	$18,004	$1,573,035	$1,573,035	$0
COMPAZINE	$6,828	$6,056	$2,596	$0	$0	$0	$15,480	$15,480	$0
COREG	$405,800	$700,471	$1,217,372	$1,602,460	$1,834,050	$2,550,622	$8,310,776	$8,310,776	$0
DENAVIR	$67,545	$45,905	$36,164	$25,971	$0	$0	$175,586	$67,545	$108,041
DIBENZYLINE	$19,542	$14,881	$28,083	$0	$0	$0	$62,506	$0	$62,506
DYAZIDE	$43,773	$34,311	$22,078	$14,306	$8,857	$1,771	$125,097	$125,097	$0
DYRENIUM	$15,778	$13,225	$14,921	$0	$0	$0	$43,924	$0	$43,924
FACTIVE	$0	$0	$0	$0	$4,665	$43,971	$48,636	$0	$48,636
KYTRIL	$0	$0	$0	$0	$0	$0	$0	$0	$0
PAXIL	$4,596,927	$6,328,459	$8,023,484	$4,905,845	$537,880	$132,401	$24,524,997	$24,524,997	$0
PAXIL OS	$17,739	$29,525	$20,959	$31,373	$17,922	$21,618	$139,136	$139,136	$0
RELAFEN	$917,899	$785,450	$121,538	$50,034	$24,539	$14,010	$1,913,470	$1,913,470	$0
STELAZINE	$1,276	$1,829	$2,202	$0	$0	$0	$5,307	$5,307	$0
THORAZINE	$1,606	$2,694	$2,428	$0	$0	$0	$6,728	$6,728	$0
Total	$8,383,992	$11,513,021	$14,112,804	$11,851,727	$8,310,686	$9,581,142	$63,753,372	$63,490,265	$263,107

Notes:

1-6 Source: CareFirst of Maryland Inc. new claims data (CareFirst00001645).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.14- Caring For Montanans Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$1	$2	$0	$12	$0	$0	$14	$14	$0
AVANDAMET	$0	$0	$1,607	$38,129	$103,779	$55,309	$198,823	$198,823	$0
AVANDIA	$41,805	$77,415	$188,835	$199,570	$257,512	$272,630	$1,037,768	$1,037,768	$0
BACTROBAN	$10,812	$17,360	$17,945	$16,999	$10,030	$394	$73,540	$73,540	$0
COMPAZINE	$0	$0	$161	$0	$0	$0	$161	$161	$0
COREG	$22,176	$31,856	$49,243	$75,316	$113,326	$124,054	$415,971	$415,971	$0
DENAVIR	$0	$0	$2,855	$2,629	$0	$0	$5,484	$0	$5,484
DIBENZYLINE	$509	$2,016	$2,263	$0	$0	$0	$4,788	$0	$4,788
DYAZIDE	$872	$471	$327	$157	$127	$0	$1,955	$1,955	$0
DYRENIUM	$549	$754	$777	$0	$0	$0	$2,080	$0	$2,080
FACTIVE	$0	$0	$0	$0	$0	$0	$0	$0	$0
KYTRIL	$0	$0	$19,659	$0	$0	$0	$19,659	$0	$19,659
PAXIL	$220,671	$249,194	$699,107	$368,436	$18,583	$2,619	$1,558,610	$1,558,610	$0
PAXIL OS	$330	$1,704	$626	$1,998	$1,430	$120	$6,208	$6,208	$0
RELAFEN	$0	$0	$5,737	$1,922	$566	$59	$8,284	$8,284	$0
STELAZINE	$3	$2	$0	$0	$0	$0	$5	$5	$0
THORAZINE	$116	$32	$0	$0	$0	$0	$148	$148	$0
Total	$297,844	$380,806	$989,142	$705,168	$505,354	$455,184	$3,333,498	$3,301,487	$32,011

Notes:

1-6 Source: Caring for Montanans old claims data for 2000-2001 (CareMT00000001-2); Caring for Montanans new claims data for 2002-2005 (CareMT00005169).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.15- Connecticut General Life Insurance Company Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$4,849	$7,338	$9,590	$4,375	$7,860	$2,876	$36,887	$36,887	$0
AVANDAMET	$0	$0	$60,564	$3,086,318	$8,161,178	$5,224,469	$16,532,529	$16,532,529	$0
AVANDIA	$15,265,578	$23,508,489	$27,756,098	$28,229,093	$24,413,257	$29,493,919	$148,666,435	$148,666,435	$0
BACTROBAN	$2,198,270	$2,459,952	$2,349,759	$2,252,945	$980,583	$53,844	$10,295,353	$10,295,353	$0
COMPAZINE	$45,807	$41,530	$22,379	$0	$0	$0	$109,716	$109,716	$0
COREG	$3,207,551	$4,419,753	$6,226,711	$7,752,595	$8,345,932	$10,501,323	$40,453,866	$40,453,866	$0
DENAVIR	$513,067	$442,960	$346,748	$307,093	$0	$0	$1,609,868	$513,067	$1,096,801
DIBENZYLINE	$150,628	$149,435	$149,893	$0	$0	$0	$449,956	$0	$449,956
DYAZIDE	$136,356	$94,672	$64,382	$54,110	$42,646	$10,988	$403,155	$403,155	$0
DYRENIUM	$86,825	$82,550	$72,705	$0	$0	$0	$242,080	$0	$242,080
FACTIVE	$0	$0	$0	$0	$36,897	$304,829	$341,726	$0	$341,726
KYTRIL	$22,840	$14,788	$15,046	$15,718	$0	$0	$68,393	$22,840	$45,552
PAXIL	$40,833,817	$46,837,787	$52,374,229	$28,891,443	$3,090,662	$646,637	$172,674,576	$172,674,576	$0
PAXIL OS	$111,897	$148,621	$126,058	$152,781	$115,169	$81,516	$736,041	$736,041	$0
RELAFEN	$5,448,535	$3,942,773	$478,486	$205,903	$120,853	$51,173	$10,247,723	$10,247,723	$0
STELAZINE	$21,024	$20,671	$14,955	$0	$0	$0	$56,650	$56,650	$0
THORAZINE	$17,639	$17,401	$9,491	$0	$0	$0	$44,531	$44,531	$0
Total	$68,064,685	$82,188,721	$90,077,094	$70,952,374	$45,315,036	$46,371,574	$402,969,483	$400,793,368	$2,176,115

Notes:

1-6 Source: Connecticut General Life Insurance Company new replacement claims data (Cigna00004973).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.16- EmblemHealth Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$0	$0	$9	$0	$91	$0	$100	$100	$0
AVANDAMET	$0	$0	$1,145	$82,778	$209,951	$167,493	$461,368	$461,368	$0
AVANDIA	$0	$554,452	$676,256	$1,120,505	$1,283,760	$1,535,084	$5,170,058	$5,170,058	$0
BACTROBAN	$0	$34,238	$34,098	$58,663	$28,119	$2,078	$157,196	$157,196	$0
COMPAZINE	$0	$641	$891	$0	$0	$0	$1,532	$1,532	$0
COREG	$0	$247,193	$366,125	$727,313	$958,761	$1,105,720	$3,405,113	$3,405,113	$0
DENAVIR	$0	$2,488	$1,638	$3,327	$0	$0	$7,454	$0	$7,454
DIBENZYLINE	$0	$299	$18	$0	$0	$0	$317	$0	$317
DYAZIDE	$0	$1,085	$1,274	$2,661	$1,504	$322	$6,847	$6,847	$0
DYRENIUM	$0	$3,276	$3,825	$0	$0	$0	$7,102	$0	$7,102
FACTIVE	$0	$0	$0	$0	$841	$5,627	$6,469	$0	$6,469
KYTRIL	$0	$341	$2,995	$335	$0	$0	$3,671	$0	$3,671
PAXIL	$0	$502,021	$627,137	$600,107	$74,872	$15,320	$1,819,456	$1,819,456	$0
PAXIL OS	$0	$326	$798	$2,128	$5,144	$2,948	$11,344	$11,344	$0
RELAFEN	$0	$52,291	$9,181	$8,114	$6,652	$2,423	$78,661	$78,661	$0
STELAZINE	$0	$21	$6	$0	$0	$0	$27	$27	$0
THORAZINE	$0	$2,768	$2,671	$0	$0	$0	$5,439	$5,439	$0
Total	$0	$1,401,441	$1,728,067	$2,605,931	$2,569,696	$2,837,017	$11,142,151	$11,117,140	$25,011

Notes:

1-6 Source: EmblemHealth new claims data (Emblem00000240).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.17- Government Employees Health Association Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$210	$390	$315	$72	$110	$38	$1,135	$1,135	$0
AVANDAMET	$0	$0	$9,277	$341,902	$840,057	$540,688	$1,731,924	$1,731,924	$0
AVANDIA	$2,404,436	$3,337,073	$3,441,327	$3,566,458	$3,810,113	$4,369,330	$20,928,738	$20,928,738	$0
BACTROBAN	$188,643	$241,022	$233,012	$229,383	$101,303	$8,372	$1,001,734	$1,001,734	$0
COMPAZINE	$11,249	$7,117	$2,859	$0	$0	$0	$21,224	$21,224	$0
COREG	$863,164	$1,192,336	$1,573,959	$1,999,655	$2,652,563	$3,363,227	$11,644,905	$11,644,905	$0
DENAVIR	$24,528	$24,410	$19,861	$17,288	$0	$0	$86,087	$24,528	$61,559
DIBENZYLINE	$25,502	$29,688	$28,074	$0	$0	$0	$83,264	$0	$83,264
DYAZIDE	$38,670	$35,923	$12,501	$9,523	$12,179	$3,363	$112,159	$112,159	$0
DYRENIUM	$24,276	$27,315	$27,856	$0	$0	$0	$79,447	$0	$79,447
FACTIVE	$0	$0	$0	$0	$4,047	$36,415	$40,462	$0	$40,462
KYTRIL	$10,988	$314	$0	$318	$0	$0	$11,620	$10,988	$631
PAXIL	$3,400,781	$3,915,164	$4,177,155	$2,504,980	$176,246	$54,314	$14,228,641	$14,228,641	$0
PAXIL OS	$11,483	$9,431	$4,799	$12,848	$10,786	$6,790	$56,137	$56,137	$0
RELAFEN	$1,292,280	$901,790	$67,297	$34,974	$30,569	$10,571	$2,337,480	$2,337,480	$0
STELAZINE	$4,719	$3,587	$678	$0	$0	$0	$8,984	$8,984	$0
THORAZINE	$12,958	$15,644	$8,221	$0	$0	$0	$36,823	$36,823	$0
Total	$8,313,886	$9,741,203	$9,607,193	$8,717,402	$7,637,972	$8,393,107	$52,410,763	$52,145,400	$265,363

Notes:

1-6 Source: Government Employees Health Association new claims data (GEHA00002287).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.18- Group Health Cooperative Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$113	$384	$28	$40	$7	$33	$604	$604	$0
AVANDAMET	$0	$0	$264	$13,636	$30,318	$18,484	$62,703	$62,703	$0
AVANDIA	$92,358	$253,981	$283,305	$296,327	$352,767	$395,222	$1,673,961	$1,673,961	$0
BACTROBAN	$162,864	$225,842	$270,194	$223,857	$106,099	$2,912	$991,769	$991,769	$0
COMPAZINE	$26,436	$8,293	$348	$0	$0	$0	$35,077	$35,077	$0
COREG	$157,516	$269,938	$409,047	$564,873	$925,816	$1,331,981	$3,659,170	$3,659,170	$0
DENAVIR	$847	$3,077	$4,396	$5,153	$0	$0	$13,473	$847	$12,625
DIBENZYLINE	$8,407	$13,592	$13,530	$0	$0	$0	$35,529	$0	$35,529
DYAZIDE	$4,429	$4,745	$2,239	$1,279	$1,331	$534	$14,557	$14,557	$0
DYRENIUM	$23,938	$23,429	$22,689	$0	$0	$0	$70,056	$0	$70,056
FACTIVE	$0	$0	$0	$0	$0	$200	$200	$0	$200
KYTRIL	$21,155	$14,726	$31,811	$9,240	$0	$0	$76,932	$21,155	$55,776
PAXIL	$2,754,677	$4,987,327	$4,806,547	$2,986,451	$73,424	$23,377	$15,631,802	$15,631,802	$0
PAXIL OS	$5,948	$8,603	$7,869	$13,039	$10,720	$11,826	$58,006	$58,006	$0
RELAFEN	$113,313	$159,189	$80,389	$29,298	$2,561	$587	$385,338	$385,338	$0
STELAZINE	$3,541	$1,854	$1,988	$0	$0	$0	$7,383	$7,383	$0
THORAZINE	$399	$769	$264	$0	$0	$0	$1,432	$1,432	$0
Total	$3,375,942	$5,975,750	$5,934,908	$4,143,193	$1,503,045	$1,785,155	$22,717,992	$22,543,806	$174,186

Notes:

1-6 Source: Group Health Cooperative new claims data (GHC00000728); KPS Health Plans old claims data (KPS00000001).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.19 - Health Net, Inc. Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$0	$1,942	$651	$2,135	$726	$809	$6,262	$6,262	$0
AVANDAMET	$0	$0	$10,594	$528,511	$1,730,315	$1,032,503	$3,301,923	$3,301,923	$0
AVANDIA	$5,433	$8,680,044	$8,442,174	$7,878,853	$8,464,510	$9,582,621	$43,053,636	$43,053,636	$0
BACTROBAN	$1,836	$937,618	$790,903	$748,052	$399,158	$32,100	$2,909,667	$2,909,667	$0
COMPAZINE	$332	$17,341	$7,818	$0	$0	$0	$25,491	$25,491	$0
COREG	$3,812	$1,899,442	$2,178,390	$2,411,528	$3,155,478	$3,801,684	$13,450,334	$13,450,334	$0
DENAVIR	$155	$61,197	$50,179	$40,653	$0	$0	$152,184	$155	$152,029
DIBENZYLINE	$0	$50,892	$54,004	$0	$0	$0	$104,896	$0	$104,896
DYAZIDE	$29	$35,260	$23,200	$18,117	$14,064	$3,504	$94,174	$94,174	$0
DYRENIUM	$0	$27,932	$20,803	$0	$0	$0	$48,734	$0	$48,734
FACTIVE	$0	$0	$0	$0	$13,534	$58,960	$72,494	$0	$72,494
KYTRIL	$0	$39,396	$47,693	$41,276	$0	$0	$128,365	$0	$128,365
PAXIL	$33,180	$17,486,436	$17,083,450	$9,375,977	$969,531	$280,825	$45,229,399	$45,229,399	$0
PAXIL OS	$143	$71,311	$41,411	$44,942	$43,583	$18,875	$220,266	$220,266	$0
RELAFEN	$2,455	$1,158,729	$128,997	$51,260	$31,003	$12,308	$1,384,752	$1,384,752	$0
STELAZINE	$0	$5,000	$2,046	$0	$0	$0	$7,046	$7,046	$0
THORAZINE	$0	$6,748	$2,875	$0	$0	$0	$9,623	$9,623	$0
Total	$47,375	$30,479,289	$28,885,187	$21,141,304	$14,821,902	$14,824,188	$110,199,246	$109,692,728	$506,518

Notes:

1-6 Source: Health Net, Inc. new replacement claims data (HNet00088537). I have been instructed by counsel to only use the non-ASO data labeled "CidraGSK_HN_Response_20180501.txt". Deduplicated and Limited to At-Issue NDCs (see attachment C). Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.20- HealthNow New York, Inc. Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$12	$154	$179	$600	$195	$41	$1,180	$1,180	$0
AVANDAMET	$0	$0	$1,103	$111,756	$408,247	$253,799	$774,905	$774,905	$0
AVANDIA	$818,682	$1,391,846	$1,487,227	$1,566,123	$1,916,558	$2,325,534	$9,505,970	$9,505,970	$0
BACTROBAN	$186,958	$236,979	$226,158	$195,920	$94,936	$5,428	$946,379	$946,379	$0
COMPAZINE	$5,541	$7,484	$4,631	$0	$0	$0	$17,656	$17,656	$0
COREG	$447,869	$732,600	$921,181	$1,089,186	$1,453,991	$1,743,082	$6,387,910	$6,387,910	$0
DENAVIR	$37,795	$45,251	$37,803	$25,520	$0	$0	$146,370	$37,795	$108,574
DIBENZYLINE	$34,818	$45,324	$36,833	$0	$0	$0	$116,975	$0	$116,975
DYAZIDE	$34,805	$40,477	$30,473	$21,249	$18,352	$5,380	$150,736	$150,736	$0
DYRENIUM	$7,984	$7,744	$6,167	$0	$0	$0	$21,895	$0	$21,895
FACTIVE	$0	$0	$0	$0	$538	$7,809	$8,347	$0	$8,347
KYTRIL	$12,206	$3,291	$0	$1,354	$0	$0	$16,850	$12,206	$4,645
PAXIL	$3,077,780	$4,244,091	$4,896,245	$3,204,533	$333,254	$70,406	$15,826,309	$15,826,309	$0
PAXIL OS	$11,357	$14,359	$9,472	$9,601	$10,020	$5,487	$60,296	$60,296	$0
RELAFEN	$728,680	$592,623	$70,881	$27,000	$20,438	$7,583	$1,447,204	$1,447,204	$0
STELAZINE	$2,814	$3,330	$2,197	$0	$0	$0	$8,341	$8,341	$0
THORAZINE	$1,788	$1,737	$1,955	$0	$0	$0	$5,480	$5,480	$0
Total	$5,409,089	$7,367,288	$7,732,506	$6,252,843	$4,256,528	$4,424,548	$35,442,801	$35,182,365	$260,436

Notes:

1-6 Source: HealthNow New York, Inc. new claims data (HNow-NY00000337).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.21- Highmark, Inc. Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$175	$29	$10	$143	$544	$406	$1,307	$1,307	$0
AVANDAMET	$0	$0	$15,049	$603,908	$2,332,900	$1,755,198	$4,707,055	$4,707,055	$0
AVANDIA	$4,482,375	$6,591,723	$8,633,643	$9,492,982	$10,039,763	$11,812,915	$51,053,401	$51,053,401	$0
BACTROBAN	$529,876	$562,296	$658,785	$656,065	$353,446	$24,037	$2,784,504	$2,784,504	$0
COMPAZINE	$13,681	$11,788	$5,397	$0	$0	$0	$30,867	$30,867	$0
COREG	$1,448,615	$2,061,145	$3,313,230	$3,693,031	$4,565,211	$5,229,563	$20,310,795	$20,310,795	$0
DENAVIR	$108,975	$82,701	$87,659	$74,002	$0	$0	$353,336	$108,975	$244,361
DIBENZYLINE	$84,962	$81,703	$112,074	$0	$0	$0	$278,740	$0	$278,740
DYAZIDE	$70,741	$53,296	$52,067	$40,943	$39,200	$9,947	$266,193	$266,193	$0
DYRENIUM	$39,564	$38,239	$36,434	$0	$0	$0	$114,237	$0	$114,237
FACTIVE	$0	$0	$0	$0	$6,888	$60,810	$67,697	$0	$67,697
KYTRIL	$2,229	$138	$771	$155	$0	$0	$3,293	$2,229	$1,064
PAXIL	$11,143,077	$12,866,923	$17,749,167	$11,843,962	$658,984	$183,795	$54,445,909	$54,445,909	$0
PAXIL OS	$39,256	$43,064	$36,072	$62,819	$46,455	$30,057	$257,724	$257,724	$0
RELAFEN	$1,459,836	$1,020,605	$144,256	$74,684	$46,594	$20,473	$2,766,448	$2,766,448	$0
STELAZINE	$6,177	$2,911	$3,034	$0	$0	$0	$12,122	$12,122	$0
THORAZINE	$7,352	$7,533	$4,377	$0	$0	$0	$19,263	$19,263	$0
Total	$19,436,891	$23,424,093	$30,852,025	$26,542,694	$18,089,987	$19,127,200	$137,472,890	$136,766,790	$706,100

Notes:

1-6 Source: Blue Cross Blue Shield of Delaware new replacement claims data (Highmark00015928); Highmark Inc. new claims data (Highmark00001484); Highmark West Virginia, Inc. new claims data (Highmark00002647). Deduplicated and Limited to At-Issue NDCs (see attachment C). Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.22- Horizon Blue Cross Blue Shield of New Jersey Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$44	$59	$164	$1,364	$249	$577	$2,456	$2,456	$0
AVANDAMET	$0	$0	$43,135	$1,340,435	$3,598,904	$2,307,129	$7,289,603	$7,289,603	$0
AVANDIA	$87,729	$650,364	$4,861,460	$10,019,514	$10,605,304	$13,415,761	$39,640,133	$39,640,133	$0
BACTROBAN	$293,072	$415,883	$418,014	$948,335	$576,797	$53,466	$2,705,567	$2,705,567	$0
COMPAZINE	$3,189	$2,982	$7,196	$0	$0	$0	$13,367	$13,367	$0
COREG	$14,540	$145,145	$2,072,704	$5,315,012	$7,208,630	$9,660,156	$24,416,188	$24,416,188	$0
DENAVIR	$7,928	$16,961	$86,698	$185,323	$0	$0	$296,910	$7,928	$288,982
DIBENZYLINE	$663	$0	$6,650	$0	$0	$0	$7,313	$0	$7,313
DYAZIDE	$25	$432	$73,168	$120,221	$112,607	$31,795	$338,247	$338,247	$0
DYRENIUM	$176	$137	$20,240	$0	$0	$0	$20,553	$0	$20,553
FACTIVE	$0	$0	$0	$0	$69,365	$340,350	$409,714	$0	$409,714
KYTRIL	$2,044	$0	$8,934	$10,104	$0	$0	$21,082	$2,044	$19,038
PAXIL	$299,099	$1,087,516	$5,416,300	$7,662,555	$2,209,904	$749,636	$17,425,009	$17,425,009	$0
PAXIL OS	$3,654	$6,781	$14,989	$46,219	$53,241	$35,971	$160,855	$160,855	$0
RELAFEN	$133,776	$275,727	$155,080	$198,573	$153,897	$91,973	$1,009,026	$1,009,026	$0
STELAZINE	$0	$0	$6,546	$0	$0	$0	$6,546	$6,546	$0
THORAZINE	$0	$0	$5,410	$0	$0	$0	$5,410	$5,410	$0
Total	$845,939	$2,601,986	$13,196,689	$25,847,655	$24,588,898	$26,686,813	$93,767,980	$93,022,380	$745,601

Notes:

1-6 Source: Horizon Blue Cross Blue Shield of New Jersey old claims data for 2000-2001 (Horizon00001291); Horizon Blue Cross Blue Shield of New Jersey new claims data for 2002-2005 (Horizon00053096). Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.23- Louisiana Health Service Indemnity Company Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$31	$72	$3	$15	$410	$9	$541	$541	$0
AVANDAMET	$0	$0	$343	$9,582	$603,322	$485,987	$1,099,234	$1,099,234	$0
AVANDIA	$49,137	$62,846	$56,972	$62,822	$1,150,477	$2,237,817	$3,620,072	$3,620,072	$0
BACTROBAN	$9,336	$9,563	$10,264	$15,628	$131,783	$10,072	$186,646	$186,646	$0
COMPAZINE	$568	$438	$224	$0	$0	$0	$1,230	$1,230	$0
COREG	$16,616	$24,611	$33,495	$42,892	$560,836	$1,023,001	$1,701,450	$1,701,450	$0
DENAVIR	$1,388	$973	$982	$1,648	$0	$0	$4,992	$1,388	$3,604
DIBENZYLINE	$0	$0	$0	$0	$0	$0	$0	$0	$0
DYAZIDE	$4,211	$3,413	$2,544	$2,037	$2,549	$957	$15,710	$15,710	$0
DYRENIUM	$380	$754	$645	$0	$0	$0	$1,779	$0	$1,779
FACTIVE	$0	$0	$0	$0	$3,703	$38,009	$41,713	$0	$41,713
KYTRIL	$0	$0	$0	$0	$0	$0	$0	$0	$0
PAXIL	$89,910	$93,554	$115,959	$71,233	$69,598	$25,583	$465,838	$465,838	$0
PAXIL OS	$0	$1,134	$1,430	$2,095	$9,694	$6,388	$20,743	$20,743	$0
RELAFEN	$16,712	$14,351	$4,412	$1,454	$5,653	$3,981	$46,564	$46,564	$0
STELAZINE	$154	$0	$0	$0	$0	$0	$154	$154	$0
THORAZINE	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total	$188,444	$211,709	$227,275	$209,407	$2,538,025	$3,831,805	$7,206,665	$7,159,569	$47,096

Notes:

1-6 Source: Louisiana Health Service Indemnity Company new claims data (BCBS-LA00029025); Louisiana Health Service Indemnity Company new supplemental claims data (BCBS-LA00029049). Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.24- Medical Mutual of Ohio Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$56	$382	$46	$0	$65	$55	$603	$603	$0
AVANDAMET	$0	$0	$9,746	$416,970	$1,100,259	$669,701	$2,196,675	$2,196,675	$0
AVANDIA	$1,749,401	$2,671,907	$2,853,947	$2,857,224	$2,896,801	$3,469,369	$16,498,650	$16,498,650	$0
BACTROBAN	$288,321	$357,546	$304,221	$283,954	$121,196	$15,468	$1,370,708	$1,370,708	$0
COMPAZINE	$14,560	$14,811	$2,323	$0	$0	$0	$31,694	$31,694	$0
COREG	$478,011	$748,558	$929,837	$1,088,221	$1,282,743	$1,577,351	$6,104,722	$6,104,722	$0
DENAVIR	$81,218	$73,765	$58,382	$60,915	$0	$0	$274,281	$81,218	$193,063
DIBENZYLINE	$29,686	$44,663	$22,261	$0	$0	$0	$96,611	$0	$96,611
DYAZIDE	$57,880	$48,368	$33,665	$21,335	$16,603	$3,865	$181,715	$181,715	$0
DYRENIUM	$11,831	$13,501	$9,996	$0	$0	$0	$35,329	$0	$35,329
FACTIVE	$0	$0	$0	$0	$9,586	$76,377	$85,964	$0	$85,964
KYTRIL	$0	$0	$0	$0	$0	$0	$0	$0	$0
PAXIL	$4,582,130	$6,015,561	$6,815,182	$3,809,637	$357,482	$95,530	$21,675,522	$21,675,522	$0
PAXIL OS	$16,601	$31,601	$17,564	$21,871	$19,107	$11,297	$118,042	$118,042	$0
RELAFEN	$857,173	$694,349	$78,629	$37,329	$22,763	$8,479	$1,698,723	$1,698,723	$0
STELAZINE	$3,668	$3,106	$1,866	$0	$0	$0	$8,640	$8,640	$0
THORAZINE	$3,131	$3,299	$2,429	$0	$0	$0	$8,859	$8,859	$0
Total	$8,173,669	$10,721,417	$11,140,095	$8,597,458	$5,826,606	$5,927,493	$50,386,738	$49,975,771	$410,966

Notes:

1-6 Source: Medical Mutual of Ohio new claims data (MMOH00002605).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.25- Noridian Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$0	$0	$0	$4	$10	$17	$31	$31	$0
AVANDAMET	$0	$0	$0	$34,346	$139,724	$155,651	$329,721	$329,721	$0
AVANDIA	$0	$0	$0	$466,764	$522,175	$698,616	$1,687,554	$1,687,554	$0
BACTROBAN	$0	$0	$0	$78,226	$36,072	$2,702	$117,000	$117,000	$0
COMPAZINE	$0	$0	$0	$0	$0	$0	$0	$0	$0
COREG	$0	$0	$0	$292,186	$330,647	$449,525	$1,072,358	$1,072,358	$0
DENAVIR	$0	$0	$0	$11,585	$0	$0	$11,585	$0	$11,585
DIBENZYLINE	$0	$0	$0	$0	$0	$0	$0	$0	$0
DYAZIDE	$0	$0	$0	$3,121	$2,427	$695	$6,244	$6,244	$0
DYRENIUM	$0	$0	$0	$0	$0	$0	$0	$0	$0
FACTIVE	$0	$0	$0	$0	$115	$777	$892	$0	$892
KYTRIL	$0	$0	$0	$0	$0	$0	$0	$0	$0
PAXIL	$0	$0	$0	$1,238,507	$32,826	$10,215	$1,281,548	$1,281,548	$0
PAXIL OS	$0	$0	$0	$9,822	$5,046	$5,199	$20,066	$20,066	$0
RELAFEN	$0	$0	$0	$4,358	$3,344	$1,202	$8,904	$8,904	$0
STELAZINE	$0	$0	$0	$0	$0	$0	$0	$0	$0
THORAZINE	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total	$0	$0	$0	$2,138,920	$1,072,386	$1,324,598	$4,535,905	$4,523,428	$12,477

Notes:

1-6 Source: Noridian new claims data (Noridian00004146).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.26- Premera Blue Cross Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$360	$737	$524	$329	$795	$219	$2,963	$2,963	$0
AVANDAMET	$0	$0	$1,853	$96,234	$382,917	$377,230	$858,233	$858,233	$0
AVANDIA	$372,093	$611,913	$665,978	$756,603	$1,515,742	$2,771,234	$6,693,563	$6,693,563	$0
BACTROBAN	$129,648	$239,003	$264,240	$362,395	$116,757	$11,157	$1,123,200	$1,123,200	$0
COMPAZINE	$0	$0	$0	$0	$0	$0	$0	$0	$0
COREG	$191,807	$299,747	$433,281	$535,045	$512,623	$1,136,311	$3,108,816	$3,108,816	$0
DENAVIR	$0	$0	$0	$21,836	$0	$0	$21,836	$0	$21,836
DIBENZYLINE	$11,641	$18,214	$19,765	$0	$0	$0	$49,620	$0	$49,620
DYAZIDE	$10,192	$6,085	$2,760	$1,129	$1,385	$438	$21,989	$21,989	$0
DYRENIUM	$1,593	$5,354	$7,033	$0	$0	$0	$13,981	$0	$13,981
FACTIVE	$0	$0	$0	$0	$45	$15,212	$15,257	$0	$15,257
KYTRIL	$0	$0	$0	$0	$0	$0	$0	$0	$0
PAXIL	$1,478,174	$1,970,566	$2,263,341	$1,568,096	$162,987	$49,941	$7,493,105	$7,493,105	$0
PAXIL OS	$8,514	$16,133	$16,828	$23,309	$9,651	$13,525	$87,959	$87,959	$0
RELAFEN	$0	$0	$0	$0	$5,938	$3,023	$8,961	$8,961	$0
STELAZINE	$0	$0	$0	$0	$0	$0	$0	$0	$0
THORAZINE	$0	$0	$2,885	$0	$0	$0	$2,885	$2,885	$0
Total	$2,204,022	$3,167,752	$3,678,488	$3,364,976	$2,708,841	$4,378,289	$19,502,368	$19,401,674	$100,694

Notes:

1-6 Source: Premera Blue Cross old claims data for 2000-2003 (Premera00000001-2); Premera Blue Cross new claims data for 2004-2005 (Premera00010399). Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.27- Priority Health Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$35	$10	$112	$6	-$18	$165	$310	$310	$0
AVANDAMET	$0	$0	$1,900	$128,944	$398,410	$276,703	$805,957	$805,957	$0
AVANDIA	$350,335	$670,596	$1,407,976	$1,655,681	$1,982,713	$2,310,984	$8,378,285	$8,378,285	$0
BACTROBAN	$42,366	$51,310	$91,215	$84,568	$42,823	$4,240	$316,521	$316,521	$0
COMPAZINE	$1,187	$1,586	$1,091	$0	$0	$0	$3,864	$3,864	$0
COREG	$76,728	$127,829	$279,745	$438,835	$630,840	$917,779	$2,471,756	$2,471,756	$0
DENAVIR	$13,837	$12,197	$19,123	$12,394	$0	$0	$57,550	$13,837	$43,713
DIBENZYLINE	$10,608	$9,662	$11,080	$0	$0	$0	$31,350	$0	$31,350
DYAZIDE	$2,249	$2,243	$8,181	$4,286	$4,404	$874	$22,238	$22,238	$0
DYRENIUM	$3,214	$3,788	$6,044	$0	$0	$0	$13,047	$0	$13,047
FACTIVE	$0	$0	$0	$0	$0	$0	$0	$0	$0
KYTRIL	$0	$0	$0	$0	$0	$0	$0	$0	$0
PAXIL	$1,357,482	$1,754,466	$3,496,344	$2,291,353	$111,006	$12,931	$9,023,582	$9,023,582	$0
PAXIL OS	$3,347	$6,010	$8,765	$19,990	$13,955	$6,391	$58,458	$58,458	$0
RELAFEN	$436,353	$364,425	$36,888	$12,968	$9,253	$2,212	$862,100	$862,100	$0
STELAZINE	$39	$0	$35	$0	$0	$0	$74	$74	$0
THORAZINE	$236	$19	$520	$0	$0	$0	$774	$774	$0
Total	$2,298,017	$3,004,139	$5,369,020	$4,649,025	$3,193,385	$3,532,279	$22,045,865	$21,957,755	$88,110

Notes:

1-6 Source: Priority Health new claims data (Priority00001013).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.28- The Regence Group Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$547	$1,605	$607	$484	$955	$1,695	$5,893	$5,893	$0
AVANDAMET	$0	$0	$10,723	$398,951	$840,832	$479,836	$1,730,342	$1,730,342	$0
AVANDIA	$2,359,678	$3,502,385	$4,227,404	$4,277,501	$4,084,395	$4,826,929	$23,278,293	$23,278,293	$0
BACTROBAN	$454,032	$475,864	$480,619	$511,799	$212,598	$15,333	$2,150,245	$2,150,245	$0
COMPAZINE	$8,493	$5,390	$3,470	$0	$0	$0	$17,353	$17,353	$0
COREG	$514,304	$709,603	$1,010,668	$1,237,146	$1,507,960	$1,819,003	$6,798,683	$6,798,683	$0
DENAVIR	$78,705	$76,906	$72,553	$61,352	$0	$0	$289,516	$78,705	$210,811
DIBENZYLINE	$28,705	$15,525	$16,941	$0	$0	$0	$61,171	$0	$61,171
DYAZIDE	$33,096	$27,095	$23,329	$16,684	$13,499	$3,243	$116,946	$116,946	$0
DYRENIUM	$24,692	$20,517	$20,941	$0	$0	$0	$66,149	$0	$66,149
FACTIVE	$0	$0	$0	$0	$491	$9,831	$10,322	$0	$10,322
KYTRIL	$0	$0	$0	$1,240	$0	$0	$1,240	$0	$1,240
PAXIL	$8,897,150	$9,801,867	$11,776,776	$7,254,054	$785,692	$182,595	$38,698,133	$38,698,133	$0
PAXIL OS	$18,951	$23,541	$23,498	$44,839	$29,076	$17,922	$157,826	$157,826	$0
RELAFEN	$1,625,419	$1,270,174	$188,286	$68,291	$48,995	$18,327	$3,219,492	$3,219,492	$0
STELAZINE	$3,819	$3,792	$3,318	$0	$0	$0	$10,928	$10,928	$0
THORAZINE	$962	$809	$707	$0	$0	$0	$2,478	$2,478	$0
Total	$14,048,551	$15,935,073	$17,859,839	$13,872,340	$7,524,493	$7,374,715	$76,615,011	$76,265,318	$349,693

Notes:

1-6 Source: The Regence Group new claims data (RegenceCam00427554).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.29- Usable Mutual Insurance Company Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$0	$7	$20	$0	$147	$0	$174	$174	$0
AVANDAMET	$0	$0	$1,199	$106,093	$287,081	$230,498	$624,871	$624,871	$0
AVANDIA	$372,746	$557,495	$464,935	$568,593	$663,069	$854,425	$3,481,262	$3,481,262	$0
BACTROBAN	$53,819	$59,487	$39,581	$53,385	$33,915	$3,195	$243,381	$243,381	$0
COMPAZINE	$975	$1,089	$459	$0	$0	$0	$2,523	$2,523	$0
COREG	$104,284	$134,201	$117,243	$167,918	$207,014	$257,251	$987,912	$987,912	$0
DENAVIR	$14,073	$10,057	$7,302	$7,367	$0	$0	$38,799	$14,073	$24,726
DIBENZYLINE	$1,226	$273	$1,199	$0	$0	$0	$2,697	$0	$2,697
DYAZIDE	$10,693	$6,283	$3,639	$3,364	$2,537	$533	$27,049	$27,049	$0
DYRENIUM	$3,032	$2,382	$1,482	$0	$0	$0	$6,896	$0	$6,896
FACTIVE	$0	$0	$0	$0	$706	$13,398	$14,105	$0	$14,105
KYTRIL	$0	$0	$0	$0	$0	$0	$0	$0	$0
PAXIL	$1,192,800	$1,220,733	$1,058,157	$648,318	$51,667	$9,595	$4,181,270	$4,181,270	$0
PAXIL OS	$1,682	$582	$2,609	$3,039	$2,845	$3,304	$14,061	$14,061	$0
RELAFEN	$196,127	$131,436	$17,001	$5,734	$3,078	$1,259	$354,636	$354,636	$0
STELAZINE	$322	$57	$0	$0	$0	$0	$379	$379	$0
THORAZINE	$597	$535	$38	$0	$0	$0	$1,170	$1,170	$0
Total	$1,952,377	$2,124,616	$1,714,862	$1,563,811	$1,252,059	$1,373,459	$9,981,185	$9,932,761	$48,424

Notes:

1-6 Source: Usable Mutual Insurance Company new claims data (UMIC00000152).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.30- Wellcare Health Plans, Inc. Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$0	$0	$0	$344	$38	$151	$533	$533	$0
AVANDAMET	$0	$0	$216	$131,836	$475,981	$341,565	$949,598	$949,598	$0
AVANDIA	$0	$13,309	$30,895	$820,388	$1,583,405	$3,050,433	$5,498,430	$5,498,430	$0
BACTROBAN	$0	$27,936	$56,462	$630,512	$397,690	$1,907	$1,114,506	$1,114,506	$0
COMPAZINE	$0	$36	$10	$0	$0	$0	$46	$46	$0
COREG	$0	$2,265	$7,395	$343,761	$567,666	$1,081,890	$2,002,976	$2,002,976	$0
DENAVIR	$0	$547	$1,223	$4,922	$0	$0	$6,693	$0	$6,693
DIBENZYLINE	$0	$0	$0	$0	$0	$0	$0	$0	$0
DYAZIDE	$0	$0	$0	$11	$36	$0	$47	$47	$0
DYRENIUM	$0	$0	$0	$0	$0	$0	$0	$0	$0
FACTIVE	$0	$0	$0	$0	$0	$731	$731	$0	$731
KYTRIL	$0	$0	$0	$27,810	$0	$0	$27,810	$0	$27,810
PAXIL	$0	$56,817	$140,928	$884,386	$10,601	$2,924	$1,095,656	$1,095,656	$0
PAXIL OS	$0	$260	$2,195	$8,890	$5,941	$2,920	$20,206	$20,206	$0
RELAFEN	$0	$4,672	$268	$202	$207	$116	$5,465	$5,465	$0
STELAZINE	$0	$0	$0	$0	$0	$0	$0	$0	$0
THORAZINE	$0	$0	$159	$0	$0	$0	$159	$159	$0
Total	$0	$105,842	$239,751	$2,853,061	$3,041,565	$4,482,638	$10,722,857	$10,687,623	$35,234

Notes:

1-6 Source: Wellcare Health Plans, Inc. old claims data (WellCare00000001).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.31- Wellmark, Inc. Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$23	$158	$66	$102	$175	$33	$556	$556	$0
AVANDAMET	$0	$0	$2,344	$115,981	$406,708	$325,171	$850,204	$850,204	$0
AVANDIA	$683,351	$1,018,365	$1,200,181	$1,285,649	$1,359,076	$1,666,152	$7,212,774	$7,212,774	$0
BACTROBAN	$68,677	$98,103	$94,138	$94,151	$45,820	$4,803	$405,692	$405,692	$0
COMPAZINE	$2,492	$2,439	$672	$0	$0	$0	$5,603	$5,603	$0
COREG	$136,835	$170,091	$224,051	$297,809	$378,816	$473,957	$1,681,558	$1,681,558	$0
DENAVIR	$20,074	$16,323	$11,477	$10,587	$0	$0	$58,461	$20,074	$38,387
DIBENZYLINE	$3,325	$1,412	$7,270	$0	$0	$0	$12,007	$0	$12,007
DYAZIDE	$24,924	$18,740	$13,955	$9,607	$8,611	$1,897	$77,734	$77,734	$0
DYRENIUM	$7,607	$5,428	$5,853	$0	$0	$0	$18,887	$0	$18,887
FACTIVE	$0	$0	$0	$0	$47	$9,635	$9,682	$0	$9,682
KYTRIL	$0	$0	$0	$0	$0	$0	$0	$0	$0
PAXIL	$1,752,268	$2,164,455	$2,685,432	$1,637,770	$89,983	$20,350	$8,350,259	$8,350,259	$0
PAXIL OS	$6,658	$8,001	$5,627	$4,217	$2,060	$3,194	$29,755	$29,755	$0
RELAFEN	$409,462	$339,216	$63,617	$27,102	$18,638	$6,104	$864,137	$864,137	$0
STELAZINE	$1,167	$831	$972	$0	$0	$0	$2,970	$2,970	$0
THORAZINE	$380	$357	$86	$0	$0	$0	$823	$823	$0
Total	$3,117,242	$3,843,917	$4,315,741	$3,482,974	$2,309,934	$2,511,295	$19,581,104	$19,502,141	$78,963

Notes:

1-6 Source: Wellmark's new claims data (Wellmark00003000).
Deduplicated and Limited to At-Issue NDCs (see attachment C).
Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

Attachment D.32- WellPoint, Inc. Damages by Drug and Year

	1	2	3	4	5	6	7	8	9
Drug	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**Total Amount Paid**	**Total Amounts Paid: Drugs with Known Cidra Percentages**	**Total Amount Paid: Drugs with Unknown Cidra Percentages**
ALBENZA	$548	$2,113	$5,820	$7,551	$10,818	$6,742	$33,592	$33,592	$0
AVANDAMET	$0	$0	$57,490	$3,290,069	$15,751,671	$14,152,188	$33,251,418	$33,251,418	$0
AVANDIA	$6,073,143	$11,442,926	$20,246,003	$30,200,397	$45,306,586	$76,859,724	$190,128,777	$190,128,777	$0
BACTROBAN	$890,811	$1,488,180	$2,211,504	$3,466,503	$2,389,435	$222,795	$10,669,229	$10,669,229	$0
COMPAZINE	$22,230	$28,608	$25,490	$0	$0	$0	$76,328	$76,328	$0
COREG	$1,674,384	$2,922,133	$5,779,667	$9,813,203	$18,869,831	$33,734,664	$72,793,882	$72,793,882	$0
DENAVIR	$129,320	$144,576	$197,758	$235,069	$0	$0	$706,723	$129,320	$577,403
DIBENZYLINE	$68,665	$66,838	$112,486	$0	$0	$0	$247,989	$0	$247,989
DYAZIDE	$108,246	$116,298	$131,058	$112,027	$181,780	$65,918	$715,326	$715,326	$0
DYRENIUM	$58,769	$63,191	$91,645	$0	$0	$0	$213,604	$0	$213,604
FACTIVE	$0	$0	$0	$0	$44,444	$686,695	$731,139	$0	$731,139
KYTRIL	$0	$63,052	$45,689	$59,636	$0	$0	$168,377	$0	$168,377
PAXIL	$13,812,363	$21,745,244	$38,296,405	$28,144,801	$4,925,900	$1,706,668	$108,631,381	$108,631,381	$0
PAXIL OS	$39,576	$77,870	$106,715	$169,122	$244,392	$240,128	$877,803	$877,803	$0
RELAFEN	$2,968,750	$2,644,427	$565,041	$276,845	$306,901	$186,205	$6,948,171	$6,948,171	$0
STELAZINE	$10,945	$9,693	$10,530	$0	$0	$0	$31,168	$31,168	$0
THORAZINE	$5,595	$9,170	$10,360	$0	$0	$0	$25,126	$25,126	$0
Total	$25,863,344	$40,824,320	$67,893,660	$75,775,222	$88,031,758	$127,861,728	$426,250,033	$424,311,520	$1,938,512

Notes:

1-6 Source: WellPoint, Inc. new replacement claims data (WellPoint00142982(a)); WellPoint, Inc. new supplemental claims data (WellPoint00253622); Amerigroup new claims data (WellPoint00253519). Deduplicated and Limited to At-Issue NDCs (see attachment C). Annual paid amounts by NDC multiplied by corresponding yearly percentage shown in attachment C. Annual values then summed by drug.

7 = Sum of Columns 1 through 10.

8 = Sum of Column 1 through Column 10 excluding Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.

9 = Sum of Denavir in 2001-2003, Dibenzyline in 2000-2002, Dyrenium in 2000-2002, Fative in 2004-2005 and Kytril in 2001-2003.